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# Dan McGann Therapy Inc.

## Questionnaire: Individual and Family History

*Please complete the full form as best as you can.*

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Birth \_\_\_\_\_

Immigrated? \_\_\_\_\_ Status \_\_\_\_\_

By whom were you referred?  
\_\_\_\_\_

Where do you reside?  House  Apartment  with family  Hotel  Other

With whom do you reside? \_\_\_\_\_

Significant relationship status (check one) – state how long:

single  engaged  married

separated  committed relationship  divorced  widowed  remarried

How long? \_\_\_\_\_

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If married, partner's name, age, occupation?

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Give brief details of previous relationships:

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Children? (Y/N) \_\_\_\_\_ How many? \_\_\_\_\_

Any significant problems with any of these children? \_\_\_\_\_

Names, ages, gender: \_\_\_\_\_

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Any history of abuse (emotional, physical, sexual) in current of previous relationships : \_\_\_\_\_

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Role of religion and/or spirituality in your life:

• In childhood \_\_\_\_\_

• As an adult \_\_\_\_\_

## Clinical

• State in your words the nature of your main problems and how long they have been present:

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• Give a brief history and development of your complaints (from onset to present):

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• On the scale below please check the severity of your problem(s): \_\_ mildly upsetting \_\_  
extremely severe \_\_ moderately severe \_\_ totally incapacitating \_\_ very severe

• Whom have you previously consulted about your present problem(s)?

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• Are you taking any medications? If “yes”, what, how much, and with what results?

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## Personal Data

Health during childhood? List illnesses: \_\_\_\_\_

Health during adolescence? List illnesses: \_\_\_\_\_

Your weight? \_\_\_\_\_

Any drastic changes with your weight? \_\_\_\_\_

Any surgical operations? (please list them and give the age at the time) \_\_\_\_\_

Any accidents: \_\_\_\_\_

Circle or underline any of the following that apply to you:

Headaches | Palpitations | Bowel Disturbances | Anger | Nightmares | Feel tense | Depressed |  
Unable to relax | Don't like weekends or vacations | Can't make friends | Can't keep a job |  
Financial problems | Excessive sweating | Dizziness | Stomach trouble | Fatigue | Take sedatives |  
Feel panicky | Conflict | Suicidal ideas | Sexual problems | Overambitious | Inferiority feelings |  
Memory problems | Lonely | Use aspirin or painkillers often | Fainting spells | Anxiety |  
No appetite | Feel cold a lot | Insomnia | Alcoholism | Tremors | Take drugs | Allergies |  
Shy with people | Can't make decisions | Home conditions bad | Unable to have a good time |  
Concentration difficulties

Is there a family history of mental illness? If so please indicate who and what their illness was.

Any family history of drug and/or alcohol use? Who?

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List your five main fears:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Present interests, hobbies and activities \_\_\_\_\_

How is most of your free time occupied? \_\_\_\_\_

Do you belong to any clubs organizations? \_\_\_\_\_

Were you ever bullied or severely teased? \_\_\_\_\_

Do you make friends easily? \_\_\_\_\_

Do you keep your friends? \_\_\_\_\_

## **Educational history**

What is the last grade of school that you completed? \_\_\_\_\_

Scholastic abilities: strengths and weaknesses? \_\_\_\_\_

Describe your school experiences. \_\_\_\_\_

\_\_\_\_\_

Were there any problems with truancy, suspensions, special education, vocational training, etc.?

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\_\_\_\_\_  
\_\_\_\_\_

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## Occupational Data

What sort of work are you doing now? \_\_\_\_\_

List previous jobs.

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Does your present work satisfy you? (If not, in what ways are you dissatisfied?)

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Do you experience worry or stress over your finances? \_\_\_\_\_

Ambitions/Goals: (Past) \_\_\_\_\_

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(Present) \_\_\_\_\_

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If on a leave of absence or disability, will you return to your present job?

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## Marital History

How long did you know your marriage partner before engagement?

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How long have you been married

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How long have you been in a common-law relationship

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Partner's age & Occupation

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Describe the personality of your partner (in your own words)

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In what areas is there compatibility?

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In what areas is there incompatibility?

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How do you get along with your in-laws? (This includes brothers and sister's-in-law)

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Any history of miscarriages or abortions?

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Comments about any previous marriage(s) and brief details:

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## Family Data

Father:

Living or deceased? \_\_\_\_\_

If deceased, your age at the time of his death. \_\_\_\_\_

Cause of death. \_\_\_\_\_

If alive, father's present age. \_\_\_\_\_ Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

Mother:

Living or deceased? \_\_\_\_\_

If deceased, your age at the time of her death. \_\_\_\_\_

Cause of death. \_\_\_\_\_

If alive, mother's present age. \_\_\_\_\_ Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

Siblings? \_\_\_\_\_ Numbers of brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

Numbers of sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Relationship(s) with brothers and sisters:

(Past) \_\_\_\_\_

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(Present) \_\_\_\_\_

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Give a description of your father's personality and his attitude toward you (past and present)

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Give a description of your mother's personality and her attitude toward you (past and present)

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In what ways were you punished by your parents as a child?

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Give impressions of your home atmosphere (i.e. the home in which you grew up, including compatibility between parents and between parents and children).

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Were you able to confide in your parents?

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Did you parents understand you?

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Basically, did you feel loved and respected by your parents?

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If you have a step-parent, give your age when your parent remarried:

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Describe your religious training:

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If you were not raised by your parents, who did raise you, and between what years?

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Has anyone (parents, relative, friends) ever interfered in your marriage, occupation etc.?

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Who are the most important people in your life?

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Does any member of your family suffer from alcoholism, epilepsy, or anything which can be considered a “mental disorder”?

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Are there any other members of the family about whom information regarding illness, etc., is relevant?

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Recount any fearful or distressing experiences not previously mentioned?

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## **General**

What do you expect to accomplish from therapy, and how long do you expect therapy to last?

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List any situations which make you feel calm or relaxed

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Have you ever lost control (e.g. temper or crying or aggression)? If so, please describe.

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Please add any information that may aid me in understanding and helping you.

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