

Name: _____

**AAF SERVICES
History Form**

Please indicate where you were born and raised. If you moved more than a few times, it is enough to indicate where you were born and the fact that you moved frequently. _____

Please indicate whether you are married, living with a life partner, divorced, or single. Also list the names and ages of any children and stepchildren, and indicate whether they live with you.

Please list the names of parents, step-parents, and/or anyone who served as a parental figure during your childhood. Please indicate if the person is living and, if so, his/her age.

Name: _____

Are there other adults who were important in your childhood?

Please list the names and ages of your siblings, whether they live in the area, and whether you are close with them.

What is your religious and/or cultural background?

Was school a positive or negative experience? Did you have any particular learning difficulties? Please list your educational history, including any degrees.

Name: _____

Are you currently employed? What is your job? Is the job satisfying/ are there employment issues I should be aware of?

Were there any early childhood or teenage traumas that I should be aware of? This may include the death of a parent, grandparent, sibling, close friend, even a pet, and any physical, sexual or emotional abuse that you are comfortable sharing.

Is there any history of mental illness? Alcoholism?

Name: _____

Please any personal history of psychotherapy, psychiatric hospitalizations, or alcoholism.
