Jan Ford Mustin, Ph.D.

Psychologist

4407 Bee Caves Road, Suite 411 • Austin, Texas 78746 • (512) 347-8100 • Fax: (512) 347-8200 • www.peakinstitute.com

A Professional Corporation

Confidential Questionnaire

PURPOSE: This questionnaire is designed to obtain a comprehensive picture of your background by completing these questions as fully and as accurately as you can, you will facilitate your therapeutic program. You are requested to answer these routine questions in your own time instead of using up valuable consulting time. It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal and sensitive in nature these records are strictly confidential. Absolutely no outsider is permitted to see you case record without your written consent.

If you do not desire to answer any particular question, merely write "NA."

I: PERSONAL DATA DATE:_____

Name:_____ Date of Birth_____

Home Phone:_____ Age:_____

Office Phone:_____ Mobile Phone:_____

Address:_____

_____

Do we have permission to contact you by phone at home?_____ office?_____ other?_____

REFERRED BY:_____

(Television, Radio, Phone Book, Newspaper, Magazine, Friend, Counselor, Physician, Minister, Other)

May we thank the referral source? YES NO

What is the reason you are seeking psychological services?_____

_____

How long have you had this problem?_____

Have you received professional help for this before?_____

II: EMPLOYMENT/OCCUPATION

Are you employed?: YES___ No____ Where?: _____ Hours _____

Occupation Now: _____ Highest Level of Education_____

What kinds of jobs have you had in the past? _____

Are you satisfied with your present work position/income _____ If not, in what ways are you dissatisfied? _____

_____

What do you earn? _____ How much does it cost you to live? _____

III: Social Experiences:

Who are the most important people in your life? _____

_____

Do you make friends easily? _____ Do you keep them? _____

With whom are you most likely to share your deepest feelings? _____

How is your free time occupied? (Interests, hobbies, activities) _____

_____

_____

IV: SELF-DESCRIPTORS

Check any of the following that apply to you.

_____ Headaches/Backaches _____ Dizziness or Fainting _____ Choking or Breathing Problems

_____ Palpitations _____ Stomach Trouble _____ Fatigue

_____ Bowel Disturbances _____ Appetite Changes

____Tremors or Tics
____Nightmares
____Insomnia or Irregular Sleep Pattern
____Take Sedatives
____Drug Problems
____Unable to have a good time
____Difficulty concentrating
____Memory Problems
____Don't like Weekends or Vacations
____Can't relax; enjoy leisure
____Foolish/Stupid
____Self-disciplined
____Depressed
____Calm
____Worthless
____Naïve
____Angry
____Kind
____Unassertive
____Aggressive
____Intelligent
____Ugly/Repulsive
____Cowardly

____Gifted/Talented
____Vindictive
____Lonely
____In Debt
____Fat
____Superior
____Sexy
____Guilty
____Decisive
____Alcoholism
____Home conditions bad
____Can't make friends
____Can't keep a job
____Can't make decisions
____Financial Problems
____ "Life is Empty"
____Sexual Concerns
____Bizarre or Horrible thoughts
____Excessive crying or laughing
____Lack of emotion
____Suspicious trusting
____Inferior
____Apathetic
____Industrious
____Rigid

____Flexible
____Stingy
____Impulsive
____Self-confident
____Insecure
____Self-reliant
____Defends own beliefs
____Independent
____Agitated/Restless
____Anxious
____Panicky
____Generous
____Inadequate
____Athletic
____Assertive
____Strong personality
____Forceful
____Analytical
____Has leadership ability
____Willing to take risks
____Makes decisions easily
____Self-sufficient
____Dominant
____Masculine
____Willing to take a stand

____Wronged
____Act as a leader
____Individualistic
____Competitive
____Ambitious
____Yielding
____Cheerful
____Victimized
____Attractive
____Hostile
____Thoughts of Death or Suicide
____Shy
____Affectionate
____Flatterable
____Loyal
____Feminine
____Sympathetic
____Sensitive to needs of others
____Understanding
____Compassionate
____Eager to soothe hurt feelings
____Soft-spoken
____Warm
____Tender
____Gullible
____Childlike
____Does not use harsh language
____Loves Children
____Gentle

V: HEALTH

Height _____ Weight _____ Present Health: Good_____ Fair _____ Poor _____

Any physical disabilities? _____

Health Problems (list) _____

_____

Daily consumption of soft drinks: _____ , alcohol _____

Coffee/Caffeine: _____ Cigarettes (nicotine) _____

Prescription medications: _____

Non-prescription medications _____

Describe your typical eating habits or patterns and food preferences: _____

_____

_____

Do you ever binge-eat: _____ Purge: _____ If so, when? _____

How do you feel before and after? _____

_____

Describe your typical sleeping patterns: _____

_____

Describe your health, accidents, and illnesses from childhood to present: _____

_____

_____

_____

List and give age at time of any surgery, hospitalization, or emotional breaks: _____

_____

Check any of the following that applied during your childhood.

____ Night Terrors	____ Stuttering	____ Death of significant relative
____ Bed wetting	____ Stammering	____ Divorce/Separation of parents
____ Sleepwalking	____ Happy childhood	____ Parents absent for some time
____ Thumb-sucking	____ Loneliness	____ Emotionally absent parent
____ Illness	____ Tutoring	____ Father ____ Mother
____ Learning problems	____ School Failure	____ School excellence
____ Compulsive eating	____ Popular	____ Many relocations
____ Compulsive exercising	____ Few friends	____ Workaholic parent
____ Compulsive dieting	____ Alcohol abuse	____ Not enough money
____ Drug Abuse	____ Shoplifting	____ Spoiled/pampered
____ Incest	____ Fear	
____ Legal problems	____ Unhappy childhood	

When did a doctor last examine you: _____

Please note any treatment from paramedical professionals, such as Rolfing, acupuncture, massage, homeopathic, etc: _____

_____

_____

Please note any previous counseling, therapy, and psychological testing.

Include names of therapists and approximate dates of treatment: _____

_____

_____

_____

Describe the exercise program you have now: _____

_____

_____

Are you a member of a health club? _____

(Women) Age at 1st period: _____ Informed or a shock: _____

Regular: _____ Pain: _____

Do your periods affect your mood or cause any physical changes or problems: _____

_____

_____

_____

Number of pregnancies: _____ Abortions: _____

Contraceptive (s) used: _____

VI: SEXUALITY

Parents attitude about sex: _____

_____

When and how did you derive your first knowledge of sex: _____

_____

_____

Describe any notable details about your first and subsequent sexual experience: _____

_____

_____

_____

Have you any sexual problems present: _____

If yes, please explain: _____

_____

_____

Are you satisfied with your sexuality: _____

Sexual relationship(s): _____

_____

_____

VII: MARITAL AND RELATIONSHIP HISTORY

Are you currently: (Circle One) Single, Engaged, Married, Divorced, Remarried, Separated, Widowed

Give date if applicable: _____

If coupled (married, living together, exclusively dating, or same sex), how long did you know your partner before making a commitment? _____

Partner's date of birth: _____Occupation: _____

Describe your partner: _____

_____

_____

In what areas is there compatibility? _____

_____

_____

In what areas is there incompatibility? _____

_____

_____

How satisfactory is your present love relationship? _____

How do you get along with your partner's relatives? ? _____

_____

_____

Do you have children? _____Or plan to have children? _____

If yes, how many at present? _____ Planned: _____

Give date of birth, sex, and brief description of children:? _____

_____

_____

_____

How do you feel about your parenting style, skills: _____

_____

_____

_____

VIII: FAMILY BACKGROUND

Father: Date of birth:_____ Occupation(s): _____

Health at present: _____

Name any psychological or physical problems:_____

_____

_____

If deceased, cause of death and your age at the time: _____

Describe father and his attitude toward you (past and present): _____

_____

_____

What was your father's attitude toward your mother/siblings: _____

_____

_____

Mother. Date of birth:_____ Occupation(s): _____

Health at present: _____

Name any psychological or physical problems: _____

_____

_____

If deceased, cause of death and your age at the time: _____

Describe your mother and her attitude toward your father/siblings: _____

_____

Describe your mother and her attitude toward you (past and present): _____

_____

Siblings:

Age	Sex	Occupation	Marital Status	Children	If Deceased, Year of Death
___	___	_____	_____	_____	_____
___	___	_____	_____	_____	_____
___	___	_____	_____	_____	_____
___	___	_____	_____	_____	_____
___	___	_____	_____	_____	_____

Relationship (past and present) and characteristics of each sibling: _____

_____

_____

_____

_____

_____

_____

Step-parent: Date of birth: _____ Occupation(s): _____

Health at present: _____

Name any psychological or physical problems: _____

_____

_____

If deceased, cause of death and your age at the time: _____

Describe your stepparent and her/his attitude toward your father/siblings: _____

_____

What are the drinking habits in your family: _____

_____

_____

What was your home like as you were growing up: _____

_____

_____

_____

_____

Were you able to confide in your parents: _____

_____

In what ways did your parents punish you as a child: _____

_____

IX: LIFE EXPERIENCES AND PREFERENCES:
What people, events, habits have helped you most during your life: _____

_____

_____

_____

_____

List some of the best experiences of your life: _____

_____

_____

_____

List some of the most difficult times in your life: _____

_____

What makes you anxious or frightened now: _____

_____

_____

When do you feel calm and relaxed: _____

_____

_____

Have you ever lost control: _____ Describe if yes: _____

_____

_____

Do you choose to be an optimist or a pessimist: _____

Whom did you look up to as a youth: _____

Whom do you admire now: _____

What are your favorite:

Colors: _____

Activities: _____

Relaxing place/time: _____

If you could gain 3-5 wishes, what would you ask for: _____

_____

_____

_____

What interpersonal, recreational, and professional goals do you have: _____

_____

_____

What do you see as the purpose of living: _____

_____

_____

What do you think your accomplishments might be if you achieved your highest ambitions: _____

_____

_____

If you knew you could not fail, what would you do: _____

_____

_____

Do you affiliate with a spiritual or religious organization now: _____

If so, name or describe: _____

What was your religious training as a youngster: _____

_____

_____

Please complete the following sentences in a manner, which expresses your true thoughts and feelings:

I am

I am

I am

I am

I am

I feel

I feel

I feel

I feel

I think

I think

I think

I think

I wish

I wish

I wish

Please describe yourself as you would be described by: (1) yourself, (2) your partner or spouse, (3) your best friend, (4) somebody who dislikes you:

_____

_____

_____

_____

_____

_____

_____

What are your feelings about therapy? Please share your considerations and thoughts and beliefs that influenced your choice to begin therapy:

_____

_____

_____

_____

What are your expected goals or beliefs of therapy? Please write anything else you think might be helpful for your therapist to know.