



ChangePoint, LLC
Clinical and Forensic Consulting

The Professional Offices of George Geysen, Psy.D.
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ELECTRONIC VERSION – BIOGRAPHICAL INTAKE FORM

Please fill out (each person) as completely as possible and bring it to our first session. It will help me in our work together. If you wish, you can email it back to me at drgeysen74@gmail.com as an email attachment or fax it to office (at number above) at least a couple of days prior to the first session. You can also bring it with you to our first session. If you choose to not answer any question, write "Do not care to answer."

DATE:

NAME:

MALE/FEMALE:

DATE OF BIRTH/PLACE:

AGE:

ADDRESS:

TELEPHONE:

Home:

Office:

Fax:

EMAIL:

FOR CONFIDENTIAL/PRIVATE MESSAGES: If same as above, write, "Same as above"

Address:

Phone:

Email:

HIGHEST GRADE/DEGREE:

TYPE OF DEGREE:

PERSON AND PHONE NO. TO CALL IN EMERGENCY:

REFERRAL SOURCE:

Website: www.drgeysen.com
Email: drgeysen74@gmail.com

OCCUPATION (former, if retired):

PRESENTING PROBLEM (Be as specific as you can: When did it start, how does it affect you.):

Estimate the severity of the above problem:

Mild Moderate Severe Very severe

CURRENT: Marital status:

Live with someone:

Name:

Years:

PAST & PRESENT MARRIAGE/S (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile.):

PRESENT SPOUSE/PARTNER:

Education:

Occupation:

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person.)

PARENTS/STEPPARENTS (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship.):

Father:

Mother:

Stepparents:

SIBLINGS (name/age, & brief statement about the relationship. If deceased: age and cause of death.):

MEDICAL DOCTOR/S (name /phone):

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):

Specify all MEDICATION you are presently taking and for what. PRINT clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (Describe: ages, reasons, circumstances, how, etc.)

PAST LEGAL/LITIGATION HISTORY (Describe past incarcerations, lawsuits and other criminal or civil litigations.):

ARE YOU PRESENTLY INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION, LAW-SUITES OR DIVORCE AND CUSTODY DISPUTES? (if you answer *Yes*, please, explain.):

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc.):

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY (Describe quality, frequency, activities, etc.):

PAST/PRESENT PSYCHOTHERAPY (specify: month year/s (beginning—end), estimated no. of sessions, therapist's name, degree, phone & address, initial reason for therapy, Individual /Couple/Family, medication, brief description of the relationship, how helpful the therapy was, and how/why it ended.):

DESCRIBE YOUR CHILDHOOD, IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

IF PARENTS DIVORCED:

Your age at the time:

Describe how it affected you at the time:

ESTIMATE HOW MANY HOURS/DAY YOU SPEND ONLINE (Facebook, YouTube, Internet gaming, browsing, etc.):

Facebook: _____ YouTube: _____ Gaming: _____ Browsing: _____ Other: _____

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

What gives you most joy or pleasure in your life?

What are your main worries and fears?

What are your most important hopes or dreams?