Gage Counseling & Consulting, LLC
Jessica Gage, MA, LPC, NCC (License #PC07550)
801 Union Avenue, 4th Floor, Pittsburgh, PA 15212
P: 724-207-3767 | F: 412-586-2119
jessicamgage@gmail.com

Personal History Form

About You:

Name_____ Date of Birth_____

Parent/Guardian name (if under 18)_____Phone_____

Address_____

Home#_____ Cell#_____ Work#_____

Email_____
*Please circle your preferred method of communication. Note: Email is not considered to be a confidential method of communication.

***Emergency contact_____ Phone#_____

Current Marital Status: ☐ Never Married ☐ Domestic Partnership ☐ Married

☐ Separated ☐ Divorced ☐ Widowed ☐ Remarried

Are you currently in a romantic relationship? Yes___ No___ If yes, how long? _____

On a scale of 1-10, how would you rate your relationship? _____

If sexually active, how do you rate your current level of satisfaction? _____

Would you like to discuss your faith during this therapy journey? Yes___ No___ If yes, please share your current religious/spiritual affiliation and how you would like to integrate that faith into our work together_____

_____

_____

What are your greatest strengths?_____

_____

What are your greatest weaknesses?_____

_____

Gage Counseling & Consulting, LLC
Jessica Gage, MA, LPC, NCC (License #PC07550)
801 Union Avenue, 4th Floor, Pittsburgh, PA 15212
P: 724-207-3767 | F: 412-586-2119
jessicamgage@gmail.com

List any significant life changes or stressful events have you experienced recently:_____

_____

_____

Educational History:

Highest level of education completed (type and date)_____

_____

Additional education, training, certificates (type and date)_____

_____

Did you have any difficulties during your education/training?_____

_____

Social History:

Are you currently employed? Yes___ No___ If yes, please describe where you work, what you do, and if there is anything stressful about your current work:_____

_____

_____

Medical History and Physical Health:

Primary Care Physician Information (name, phone, location, etc.)_____

_____

Are you currently under the care of a psychiatrist? Yes___ No___

*If yes, name, phone number, date of most recent appointment and next appointment, etc.:

_____

_____

Gage Counseling & Consulting, LLC
Jessica Gage, MA, LPC, NCC (License #PC07550)
801 Union Avenue, 4th Floor, Pittsburgh, PA 15212
P: 724-207-3767 | F: 412-586-2119
jessicamgage@gmail.com

Current medications and doses of each medication:_____

_____

_____

Current physical problems:_____

_____

_____

_____

Hospitalizations for medical problems:_____

_____

_____

Allergies:_____

_____

How often do you use tobacco products and which type of tobacco do you consume?

_____

How often do you consume alcoholic beverages and what is your drink of choice?

_____

How often do you use recreational drugs and what is your drug of choice?

_____

Therapy History:

Previous Therapy: Yes___ No___ *If yes, names of therapists, dates, outcomes, etc.:

_____

_____

Gage Counseling & Consulting, LLC
Jessica Gage, MA, LPC, NCC (License #PC07550)
801 Union Avenue, 4th Floor, Pittsburgh, PA 15212
P: 724-207-3767 | F: 412-586-2119
jessicamgage@gmail.com

Psychiatric Hospitalizations: Yes___ No___ *If yes, locations, dates, outcomes, etc.:

_____

_____

Suicidal or Homicidal thoughts? Yes___ No___ When?_____

Suicidal or Homicidal plans? Yes___ No___ When?_____

History of suicidal or homicidal attempts? Yes___ No___ What happened?_____

_____

About Your Family:

In the section below, please identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

Alcohol Abuse_____

Substance Abuse_____

Anxiety_____

Depression_____

Domestic Violence_____

Eating Disorders_____

Obesity_____

Obsessive Compulsive Behavior_____

Psychiatric Treatment_____

Schizophrenia_____

Suicide Attempts_____

Other_____

Signature_____ Date_____