

## **Sherry A. Baker Psy.D., C.C.L.C.**

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Many clients appreciate putting down some information that I will keep in your file privately. They say the process helps them to sort things out. Many clients dislike the paperwork part of therapy and leave the therapists who require it.

I am here to help you, guide you, and give you hope, therefore, I will leave this with you and you have the choice of filling it out or not filling it out.

Blessings to you,

Dr. Baker

# Biographical Questionnaire – CONFIDENTIAL

Client Initials & Date Completed: \_\_\_\_\_

Mental Health Professional Initials: \_\_\_\_\_

(More space is available on the last page to expand on any question)

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

## Personal History:

Single \_\_\_\_\_ Married \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Divorced \_\_\_\_\_ Name of Ex-Spouse(s) \_\_\_\_\_

No. of Marriages \_\_\_\_\_ Other \_\_\_\_\_

Dates of Marriage(s) and divorce(s): \_\_\_\_\_  
\_\_\_\_\_

Birthplace: \_\_\_\_\_

Relocation (when & where): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children (names & ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Memories and emotional qualities of growing up years** (i.e. parents' relationship, your relationship with them, with siblings, any family crisis, trauma):

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**Parents:** If living, age and health status: \_\_\_\_\_

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If deceased, when and cause: \_\_\_\_\_

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**Brothers and/or Sisters:** (how many & ages): \_\_\_\_\_

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*Created by Sherry Baker, C.C.L.C.  
Saved as, Biographical Questionnaire, 7/27/16*



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**Education:** (indicate highest degree received)

High School \_\_\_\_\_ Associates Degree \_\_\_\_\_ College \_\_\_\_\_ Post Graduate \_\_\_\_\_

Current occupation & employer: \_\_\_\_\_

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Employment history (type of work, dates & employers): \_\_\_\_\_

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Termination(s) (reasons):

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**Health History:**

Please indicate: (I) you (m) mother (f) father (s) sibling (g) grandparent

Have you or any family member ever had or been treated for any of the following:

|                 |       |                     |       |                  |       |
|-----------------|-------|---------------------|-------|------------------|-------|
| Allergies       | _____ | Diabetes            | _____ | Hypoglycemia     | _____ |
| Asthma          | _____ | Emotional Problems  | _____ | Irritable Bowel  | _____ |
| Arthritis       | _____ | Epilepsy            | _____ | Skin Problems    | _____ |
| Back Trouble    | _____ | Fibromyalgia        | _____ | Stomach Problems | _____ |
| Cancer          | _____ | Headache/Migraines  | _____ | Ulcers           | _____ |
| Chronic Fatigue | _____ | Heart Disease       | _____ | Vision Problems  | _____ |
| Chronic Pain    | _____ | High Blood Pressure | _____ |                  |       |

Other (explain): \_\_\_\_\_

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Please list any hospitalizations (dates & reasons): \_\_\_\_\_

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Please list any medications you are currently taking: \_\_\_\_\_

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Date of last physical: \_\_\_\_\_ Name of physician: \_\_\_\_\_

Clinic & Address: \_\_\_\_\_

**Health Behaviors:**

Eating habits (frequently overeat, erratic eating, frequent dieting, three meals a day): \_\_\_\_\_

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Rest/sleep patterns (how much, restful, fitful): \_\_\_\_\_

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Physical exercise (how often, what type): \_\_\_\_\_

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Use of alcohol/all drugs – prescription or illegal (frequency, amount, what kind, family history):

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Use of nicotine (frequency, amount, what kind, family history): \_\_\_\_\_

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Use of caffeine (frequency, amount, what kind): \_\_\_\_\_

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**Mental Health History:**

Are you suicidal: \_\_\_\_\_ Further comments: \_\_\_\_\_

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Previous counselors and/or psychiatrists (when, how often, how long, results): \_\_\_\_\_

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Have you ever been admitted as an inpatient? (when, where, how long, for what?): \_\_\_\_\_

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What symptoms are you currently experiencing? (anxiety, depression, irritability, sleep/eating problems, loss of interest, for how long?): \_\_\_\_\_

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(continue on next page)

**Faith History:**

Describe your religious/spiritual life, significant experiences or events: \_\_\_\_\_

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**Your Goals for Therapy are:** \_\_\_\_\_

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Please expand on any questions listed above: \_\_\_\_\_

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Is there anything else about you or your life's journey, thus far, that would be helpful for me to know?

May God bless this new path as you learn to take better care of yourself and change negative thoughts to positive ones.

Dr. Baker