

Background Information

Client: _____ Date: _____

Your Mother's Family

Your Mother's Father: _____ DOB: _____

If deceased, DOD: _____

Your Mother's Mother: _____ DOB: _____

If deceased, DOD: _____

Date of Your Mother's Parent's Marriage: _____

Did they separate or divorce? If so, please indicate date: _____

Were either of your mother's parents in other marriages? If so, please elaborate: _____

Your Mother's Name: _____ DOB: _____

Your Mother's Siblings:

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

Your Mother's Marital History:

Please list all significant relationships (from which children resulted), marriages and divorces – with dates:

Please elaborate on other significant situations, events or details that impacted Mother's life (abuse, alcoholism in family, trauma, step-siblings, etc.): _____

CONFIDENTIAL

Your Father's Family

Your Father's Father: _____ DOB: _____

If deceased, DOD: _____

Your Father's Mother: _____ DOB: _____

If deceased, DOD: _____

Date of Your Father's Parent's Marriage: _____

Did they separate or divorce? If so, please indicate date: _____

Were either of your father's parents in other marriages? If so, please elaborate: _____

Your Father's Name: _____ DOB: _____

Your Father's Siblings:

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

Your Father's Marital History:

Please list all significant relationships (from which children resulted), marriages and divorces – with dates:

Please elaborate on other significant situations, events or details that impacted Father's life (abuse, alcoholism in family, trauma, step-siblings, etc.): _____

Other Significant Relationships in the Client's Life:

Your Siblings (please list all client sibling relationships – natural, half, step, etc.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How would you characterize your relationship with God as a teenager and/or young adult?

Other significant relationships in the client's life (please elaborate on other significant relationships that may have impacted the client's life, e.g., a teacher, coach, neighbor, a special uncle or aunt, etc.): _____

Additional thoughts or comments that may provide the counselor with further insights into the family dynamics: _____
