

**BIOGRAPHICAL INFORMATION- INTAKE FORM**

Mental Health Matters, LLC  
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Please fill out this biographical background form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Office Policy form. Please print or write clearly and bring it with you to the first session.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ M/ F/ Trans./Non-Binary/Gender Fluid (circle)

EMAIL: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ OCCUPATION (former, if retired): \_\_\_\_\_

TELEPHONE: H : \_\_\_\_\_ W: \_\_\_\_\_ CELL: \_\_\_\_\_ texts ok?: \_\_\_ (y or n)

ADDRESS: \_\_\_\_\_

HIGHEST GRADE/DEGREE: \_\_\_\_\_ TYPE OF DEGREE: \_\_\_\_\_

PERSON AND PHONE # TO CALL IN EMERGENCY: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

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 \_\_\_\_\_

CURRENTLY: Single \_\_\_\_\_ Partnered \_\_\_\_\_ Live in relationship \_\_\_\_\_ Non-traditional relationship \_\_\_\_\_

Name of Live in Partner(s): \_\_\_\_\_

Years Together: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENT PARTNER(S)/SPOUSE: Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how were you treated, brief statement about the relationship):

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Step-Parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIBLINGS (Name/age. If deceased: Name, age and cause of death. Brief statement about the relationship):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

MEDICAL DOCTOR(S) (name/phone): \_\_\_\_\_

PAST/PRESENT MEDICAL CONCERNS (Major medical problems, surgeries, accidents, falls, illness):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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SUICIDE ATTEMPT(S) OR VIOLENT BEHAVIOR (Describe ages, reasons, circumstances, how, etc.)

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FAMILY MEDICAL/PSYCHOLOGICAL HISTORY (Describe any illness that runs in the family: Cancer, epilepsy, blood pressure, suicide, depression, general and psychiatric hospitalization, abuse, etc. Continue on back if necessary.)

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

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PAST/PRESENT PSYCHOTHERAPY (Specify: Estimated # of sessions, initial reason for therapy, Ind./couple/family, medication (if any), brief description of the relationship(s) and how helpful it was, and how/why it ended):

1. 

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2. 

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3. 

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USE OTHER SIDE OF THE PAGE FOR MORE INFORMATION ABOUT PSYCHOTHERAPISTS

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

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IF PARENTS SEPARATED: Your age at the time: \_\_\_\_\_. Describe how it affected you at the time:

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WHAT GIVES YOU THE MOST JOY AND PLEASURE IN YOUR LIFE?:

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WHAT ARE YOUR MAIN WORRIES AND FEARS?:

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WHAT ARE YOUR MOST IMPORTANT HOPES AND DREAMS?:

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Please add below or on the other side of the page any other information you would like me to know about you or your situation:

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