



# HOUSTON CENTER FOR MENTAL HEALTH AND DEAFNESS

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## PERSONAL AND FAMILY HISTORY SUMMARY

Please provide the following information to the best of your ability.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Marital/Relationship History:

Date of first marriage: \_\_\_\_\_ To whom: \_\_\_\_\_

Date of separation: \_\_\_\_\_ or divorce: \_\_\_\_\_

Reasons for dissolution:

Date of second marriage: \_\_\_\_\_ To whom: \_\_\_\_\_

Date of separation: \_\_\_\_\_ or divorce: \_\_\_\_\_

Reasons for dissolution:

Please provide similar information for any other marriages on back.

Date of first live-in arrangement: \_\_\_\_\_ To whom: \_\_\_\_\_

Date of dissolution: \_\_\_\_\_

Reasons for dissolution:



Date of second live-in arrangement: \_\_\_\_\_ To whom: \_\_\_\_\_

Date of dissolution: \_\_\_\_\_

Reasons for dissolution:

Please provide similar information for any other live-in situations on back.

Children:

Children of first marriage:

<u>NAMES</u>	<u>DATES OF BIRTH</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stepchildren in first marriage:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Children of second marriage:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Stepchildren in second marriage:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other biological children:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Adopted or foster children:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Family of Origin Information:

Please answer the following questions to the best of your ability.

Where were you born? \_\_\_\_\_

Where were you raised? \_\_\_\_\_

In how many homes did you live prior to age 16? \_\_\_\_\_

Who raised you? \_\_\_\_\_

Were your parents married at the time of your birth? \_\_\_\_\_

Are they still together? \_\_\_\_\_

Was either of your parents ever divorced? \_\_\_\_\_

Please explain the circumstances as you know them.

Please list your brothers and sisters, where they live, and the date you last had contact with them.

<u>NAME</u>	<u>AGE</u>	<u>RESIDENCE</u>	<u>LAST CONTACT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your stepbrothers and stepsisters, where they live, and the date you last had contact with them.

<u>NAME</u>	<u>AGE</u>	<u>RESIDENCE</u>	<u>LAST CONTACT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Residence Information:

Your current address: \_\_\_\_\_

City: \_\_\_\_\_

Number of years/months: \_\_\_\_\_

Former addresses and dates of residence in chronological order, from most recent:

<u>ADDRESSES</u>	<u>DATES</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medical History:

How is your health at present? \_\_\_\_\_

Past and present major illnesses, injuries, hospitalizations: \_\_\_\_\_

Current medications: \_\_\_\_\_

Mental health treatment: \_\_\_\_\_

Disability Information:

Please list all disabilities you believe you have. \_\_\_\_\_

When did the disability occur (at birth or at a later age)? \_\_\_\_\_

If you have a hearing loss, please answer these questions:

Describe yourself in relation to your hearing loss: Deaf    Hard-of-Hearing    Other: \_\_\_\_\_

How old were you when you lost your hearing? \_\_\_\_\_

What caused the hearing loss? \_\_\_\_\_

How do you best communicate? \_\_\_\_\_

Do you have other family members with a hearing loss? \_\_\_\_\_

If you are deaf and use sign language, do your parents also sign? \_\_\_\_\_

If you sign, how old were you when you learned sign language? \_\_\_\_\_

Alcohol and Drug Use:

Do you drink alcoholic beverages? \_\_\_\_\_

Describe past and present use: \_\_\_\_\_

\_\_\_\_\_

Do you use any drugs? \_\_\_\_\_

Describe past and present use: \_\_\_\_\_

\_\_\_\_\_

Inpatient or Outpatient Substance Abuse Treatment: \_\_\_\_\_

\_\_\_\_\_

History of Arrests/Convictions:

List all arrests by date and disposition.

ARREST

DATE

DISPOSITION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment Background:

Present employer: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Number of years/months: \_\_\_\_\_

Former employers, dates of employment, and reason for change in chronological order,  
from most recent:

EMPLOYER

DATES

REASON FOR CHANGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational Background:

Highest Grade/Degree Completed: \_\_\_\_\_

Did you take courses in special education? \_\_\_\_\_

If you took courses in deaf education, where did you go to school? \_\_\_\_\_

Where did you go to high school and when? \_\_\_\_\_

Other education (such as colleges, universities or certification programs): \_\_\_\_\_

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

Vocational/Educational Goals:

What kind of work do you hope to have in the future? \_\_\_\_\_

What kind of education do you need to reach your employment goals? \_\_\_\_\_

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

Please add information pertinent to the present evaluation or elaborate on other responses.

The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date