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### **BIOGRAPHICAL INFORMATION FORM**

Name:

Date:

Street Address:

City/State/Zip:

Birthday/place:

Phone:

Person and number to call in case of emergency:

Current reason for seeking therapy:

Estimate the severity of the above problem:

Mild

Moderate

Severe

Very Severe



## **Relationship History**

Current Living Situation: Do you currently live alone? With others? Relationship?

Past & Present marriage/s and/or partner relationships (Please describe years together, names and statement about the nature of the relationship/s i.e., friendly, distant, physically/emotionally abusive, loving, hostile, etc.):

Present Spouse/Partner (name, occupation, personality, brief statement about your relationship):



Parents/Step-parents (name, age or year/cause of death, occupation, personality, how did s/he treat you growing up, brief statement about your current relationship)

Mother:

Father:

Stepparents:

Siblings (name, age or year/cause of death, and brief statement about your relationship):



Friendships, Community, & Spirituality (describe quality, frequency, activities, etc.):

**Personal History**

Current occupation and level of satisfaction:

Your educational history:

Your hobbies, interests, etc.:



Describe your childhood in general (relationships with parents, siblings, others; your personality; school, neighborhood, relocations, any school/behavioral problems):

If parents divorced, list age at the time, how custody was handled, and how it affected you:

Family history of alcoholism, mental illness, or violence in immediate and extended family:



Describe any physical, sexual, or emotional abuse, which you have experienced (as a child/adult):

Describe any anxiety, difficulty concentrating, phobias, panic, impulsive behaviors, sleep problems, difficulty controlling your emotions, or difficulties with physical intimacy:

What are your primary ways of coping with the difficulties you've mentioned? (Include use of drugs, alcohol, excessive exercise, work involvement, disordered eating, or other behaviors):



## **Medical History**

Past/present medical care:

Medications you are currently taking, what dosage, and for what:

Describe past and present drug/alcohol use:

Suicide attempts, self-destructive behavior, or violent behavior (Indicate age, reasons, circumstance, and whether it led to hospitalization or legal problems):

Past/present psychotherapy (specify reason for initiating therapy, when begun/ended, number of sessions, how helpful it was, medication taken, and how/why it ended):



### **Other Questions**

What gives you the most joy or pleasure in your life?

What are your main worries or fears?

What do you consider your main strengths?

What do you consider your main obstacles to growth and change?

What are your most important hopes or dreams?

Please add any additional information that may be helpful to our work together: