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Background Summary

Please complete the following form. This information will be helpful in our work together.

I. Identifying Information:

Name: _____

Age: _____

Date of Birth: _____

Address: _____

Home Phone # _____

Work Phone # _____

If I need to contact you, do you have a preference about which phone number I use
or how I identify myself? No _____ Yes _____

If yes: What are your preferences? _____

How were you referred to me? _____

II. Main Problem:

Please describe the symptoms or problems that motivated you to seek psychotherapy

How long have you had these problems? _____

What people, situations, or events seem to trigger these problems or make them worse?

What seems to help?

III. Treatment History:

Have you had prior treatment for any of these symptoms? (please circle all that apply)

Anxiety

Depression

Alcohol abuse

Drug abuse

Relationship problems

Anger

Other (specify): _____

How old were you when you first experienced emotional or psychological problems? _____

Do emotional or psychological problems run in your family? No _____ Yes _____

Relationship

Problem

Type of Treatment

Have you ever been hospitalized for a psychological problem? No _____ Yes _____

If yes: How many times? _____ What years? _____

Where? _____

Why? _____

Have you ever made a suicide attempt? No _____ Yes _____

If yes: When? _____ How? _____

Have you made other suicide attempts? No _____ Yes _____

Please list medications that you have taken for emotional or psychological problems (e.g., depression, anxiety, attention deficit, etc.):

Medication	Dose	Started (month/year)	Stopped (month/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. Personal Habits:

How much caffeine do you consume each day?

Coffee (6 oz. cups) _____ Tea (6 oz cups) _____ Soda pop (12 oz.cans) _____

Do you smoke cigarettes? No _____ Yes _____ If yes: How many per day? _____

Do you drink beer, wine, or liquor? No _____ Yes _____

If yes, circle how many drinks per week:

1-2 3-6 7-9 10-12 13-15 16-18 19-21 22-24 25 or more

Do you think you drink too much? No _____ Yes _____

When was the last time that you used recreational drugs (e.g., marijuana, cocaine, methamphetamine, etc.)? Please circle:

last last last last last over never
 week month year 5 years 10 years 10 years

V. Relationship History and Status:

Please provide the following information about your current household

HOUSEHOLD MEMBER	AGE	RELATIONSHIP TO YOU

Please circle your marital status: Single Married Separated Divorced Widowed

How long? _____

If you are currently in a relationship, how would you describe it?

Have you been married before? No _____ Yes _____ If yes: How many times? _____

Do you have children? No _____ Yes _____ If yes: How many? _____

How would you describe your relationship with your children?

Do you have any close friends? Please describe briefly:

What memories do you have of your childhood?

Father:

Mother:

Siblings:

What kind of relationship do you have with your parents now?

What kind of relationship(s) do you have with your siblings now?

VI. Education and Work History:

Did you graduate from high school? No _____ Yes _____ GED _____

If you did not graduate, what is the highest grade that you completed? _____

While attending school, what grades did you typically earn? A B C D F

Please describe any college coursework, special training, or degrees you obtained beyond high school:

Are you currently employed? No _____ Yes _____

If yes: What is your job? _____ How long? _____

How many jobs have you had in the last ten years? _____

