

The Self Center

Robert & Joyce Simpson, Family Counseling Professional Corporation

18671 Allegheny Drive • North Tustin, CA 92705 • (714) 997-9600 • Fax: (714) 997-9607

Email: RDSimpson@aol.com

Diagnostic History Self Report

Name: _____ Today's Date: ___/___/___

Please give us a detailed history of yourself. Tell us all about yourself, your experiences, values, feelings, accomplishments, strengths and weaknesses and problems or difficulties in the following categories. Please give this some thought. Thank you for helping us help you.

Family History:

Relationship History: (dating, marriage(s) etc.)

Developmental and Medical History: (include major illnesses, accidents, surgeries and current meds)

Diagnostic History Self Report

Page 2 of 2

Work History: (include your feelings about your work/profession)

School/educational History: (what classes did you enjoy or not enjoy)

Any other factors about your life that might help us get a complete picture of you:

Please let us know your goals in terms of what you would like to get out of counseling/therapy: