



Beth Powell's In-Family Services

Trauma-Informed Psychotherapy,
Licensed Clinical Social Work and Neuro-Behavioral Education

Adult Autobiography Form

(Please complete the information below and please be brief.)

Name: _____

Age: _____

1. Please describe any prior counseling.

2. Describe your mother and father (the positive and the negative).

3. How did your parents show affection to each other and to their children?

4. How did your parents handle disagreements and conflicts; what were their main methods of discipline?

5. How many siblings do you have and what role did each sibling play in the family?

6. Discuss history of physical, emotional or sexual abuse; and mental or emotional illnesses in the family; how was each issue dealt with?

7. List any current/past illnesses/injuries that have impacted you or your family.

8. List any current and previous medications and the reasons for the prescriptions.

9. Discuss history of alcohol or drug abuse.

10. Describe your current marriage if you are married (positive and negative; i.e., intimacy, communication, problem-solving, togetherness.)

11. Write a brief description of any previous marriages.

12. List your children and give a brief description of each child.

13. What concerns do you have with any other members of your family?

14. How big of a role does spirituality play in your life? What faith or of which religion are you?

15. What do you do for a living? What about your spouse?

16. Describe your positive attributes, strengths, and support systems? Include your level of education and training.

17. What are your greatest hopes and biggest fears about coming here for counseling?
