

ADULT PSYCHOSOCIAL HISTORY

The purpose of this questionnaire is to obtain an understanding of your life experience and background. Then we can begin to develop a comprehensive treatment program suited to your specific needs. Please return this questionnaire at your first scheduled appointment.

Name: _____ Circle: M /F

Today's Date: _____ Date of Birth: _____ Age: _____

Address: _____ City _____ ZIP _____

Home Phone: _____ Cell Phone: _____

Current Employment: _____ Work Phone: _____

Occupation: _____ How long? _____

PRESENTING PROBLEM: (What is your main concern/worry?)

How long have these problems occurred? (Number of weeks, months, years?)

What made you seek help at this time?

Problems perceived to be: _____ very serious _____ serious _____ slightly serious
What changes would you like to see?

FAMILY

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____ Past Marriages:
Number _____

Spouse / Significant Other: _____ Age: _____

Occupation: _____ Current Employment _____

Children	Age	Grade Level (if attending school)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family History of Suicide Family History of Abuse/Neglect
 Explain: _____
 Explain: _____
 Family History of Mental Health Problems Family History of Legal Issues _____
 Explain: _____
 Explain: _____
 Family History of Medical Problems Family History of Substance Abuse
 Explain: _____
 Explain: _____

EDUCATIONAL INFORMATION

Years of education: _____
 Grade(s) Repeated: _____
 Special Education: Yes No Speech/Language Intellectual Disability
 Learning Disabilities Emotionally Disturbed Autism Other Health Impaired
Grades K. 6 Average Grades (A. F) _____ Good Friendships: 1 2 3 4 More _____
 Behavioral Problems? _____ Academic Problems? _____
Grades 7. 9 Average Grades (A. F) _____ Good Friendships: 1 2 3 4 More _____
 Behavioral Problems? _____ Academic Problems? _____
Grades 9. 12 Average Grades (A. F) _____ Good Friendships: 1 2 3 4 More _____
 Behavioral Problems? _____ Academic Problems? _____

College Years 1 2 3 4 Graduated Degree: _____ Major: _____ Advanced Degrees: _____
 Trade/Technical School Area(s) of Training: _____
 Military Service Branch: _____ Years: _____ Highest Rank: _____
 Honorable Discharge: Yes No

COUNSELING AND/OR PSYCHIATRIC INPATIENT/OUTPATIENT HISTORY

Name of Facility/Counselor/Hospital	Date Began/Ended	Helpful? Yes/No

MEDICAL HISTORY

Primary Care Physician: _____ Phone Number _____

Date of Last Physical Exam: _____

List any medical conditions:

Have you ever been hospitalized or had any surgeries? (Please list)

Past/Current Mental Health Diagnosis (if applicable)

___ ADHD/ADD ___ Depression ___ Anxiety ___ Bipolar ___ Substance Abuse _____

OCD ___ Other: _____

Are you currently prescribed medication? ___ Yes ___ No

Please list below all medications you are presently taking and the condition for which they are prescribed.

Condition	Medication	Dosage	Times Per Day	Prescribing Doctor

	How Often I Use	How much I Use
Alcohol		
Cigarettes		
Caffeine		
Marijuana		
Abused prescribed medications		
Other:		
Other:		
Other:		

RELATIONSHIPS (Rate your relationship with each family member(s) by checking boxes)

Family Member	Average	Good	Poor
Spouse			
Parent(s)			
Brother(s)			

Sisters(s)			
Children			

Close Friends: I can call on if in trouble: Number _____ Visit times: Weekly _____
 Monthly _____ Yearly _____

Acquaintances: Number _____ Visit times: Weekly _____ Monthly _____ Yearly _____

ACTIVITIES

Interests (fishing, sewing, reading, etc.) _____

Activity Times per week _____ Per Month _____

Activities with Friends _____

Activity Times per week _____ Per Month _____

Activities at Work _____

Activity Times per week _____ Per Month _____

Church Affiliation _____

Number of Times I Attend: Weekly _____ Monthly _____ Yearly _____

ENVIRONMENTAL STRESSORS

Have there been any major changes in your life or your family? Please describe.

List any current stressors you may have:

List Any Strengths:

Thank you for taking the time to complete this form.
 Please bring this with you to your first appointment.