



Please fill out this adult history form as completely as possible. This information will assist me in our work together. All information is confidential as outlined in the Office Policy form. If you do not desire to answer any question, merely write "Do not care to answer." Please print or write clearly and bring it with you to your first session.

Name: _____ Gender: _____ Date: _____

Date of Birth/Place: _____ Age: _____

Address: _____

Telephone: (H) _____ (W) _____ (Fax) _____

Highest grade completed: _____ Degree: _____

Emergency contact: _____ Referral Source: _____

Occupation (*former, if retired*): _____

Presenting Problem (*be as specific as you can – when did it start, how does it affect you...*):

Estimate the severity of the above problem: Mild _____ Moderate _____ Severe _____ Very Severe _____

Marital status: _____ Live with someone: _____ Name: _____ Yrs: _____

Past & Present Marriage(s) (years together, name & statement about the nature of the relationship(s), i.e. friend, distant, physically/emotionally abusive, loving, hostile):

Present Spouse/Partner: _____ Education: _____ Occupation: _____

Children (Biological/Step/Grand) – names, ages & brief statement on your relationship with the person:



Parents/Stepparents *(Name/age or year/cause of death, occupation, personality, how they treated you, brief statement about the relationship):*

Father:

Mother:

Stepparents:

Siblings *(Name/age, if dead- age and cause of death & brief statement about the relationship):*

Medical Doctor(s) *(name /phone):*

Past/Present Medical Care *(major medical problems, surgeries, accidents, falls, illness):*

Specify all Medication you are presently taking and for what:

Past/Present Drug/Alcohol abuse *(AA/NA treatments?):*

Suicide attempt(s) or Violent Behavior *(describe ages, reason, circumstances, how etc.):*



Family Medical History (*describe any illness that runs in the family-cancer, epilepsy, etc.*):

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

Past/Present Psychotherapy (*specify month/years, beginning & ending – estimated number of sessions, name degree phone & address, initial reason for therapy – Ind/couple/family/medication, brief description of the relationship and how helpful it was, and how/why it ended*):

USE OTHER SIDE OF PAGE FOR MORE INFORMATION ABOUT PSYCHOTHERAPISTS

Describe your childhood in general (*Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral problems, abusive/alcoholic parents*):

If Parents Divorced, your age at the time: _____ Describe how it affected you at the time:

Family History of Alcoholism, Mental Illness, or Violence (*including suicide, depression, hospitalizations into mental institutions, abuse, etc.*):

What gives you most
joy or pleasure in life?

What are your main
worries and fears?

What are your most
important hopes
and/or dreams?