Adult History Form

Please take your time and fill in completely.

| Name: | Date of Birth: | Age: | Soc.Sec.# | |
|---|--|------------------|-----------|------|
| Address: | City: | | State: | Zip: |
| Home Phone:Wor | rk Phone: | Cell Pho | ne: | |
| OCCUPATIONAL BACKGROUND | | | | |
| Current Occupation: | | How | long? | |
| Describe any dissatisfaction or problems in y | your present job: | | | |
| List previous jobs and time spent working in | each one: | | | |
| EDUCATIONAL BACKGOUND | | | | |
| Highest grade completed:C | College degrees obtained: | | | |
| Describe any academic or behavior problems | s you had in school: | | | |
| FAMILY OF ORIGIN HISTORY | | | | |
| City of birth: | | | | |
| In what city were you raised? | | | | |
| How many times did you move prior to leave | ing your parent's home? | | | |
| How many children were in your family? | Which one were you? | | | |
| Who were you closest to in your family? | Most distan | nt from? | | |
| Describe your relationship with each of your | parents: | | | |
| Problems experienced during child and teen | years: | | | |
| Describe any mental illness, substance abuse | e or legal problems in your fam | ily of origin: _ | | |
| | | | | |
| CURRENT FAMILY HISTORY | | | | |
| Marital status (check all that apply): | Single, never marri Married How lon Separated How lor Divorced How lor Widowed How lor | g? ng? ng? | | |
| Hov | w many times have you been m | narried? | | |

Please complete the following information about each of your children:

| | Sex | Age | Residence | Describe your relationship with each child. |
|--|--|--|----------------------------|---|
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| PSYCHOLOGICAL HIST | ORY | | | |
| Have you ever considered or | attempted | suicide? | Describe: _ | |
| Describe env emotionally dis | sturbing ov | nariancas vou | hove had: | |
| Describe any emotionany dis | sturoning ex | periciles you | i nave nau | |
| Describe what has been stres | sful for vo | u in the past v | /ear: | |
| | • | | | ges? |
| | | | | |
| Have you ever been physical | ly abused? | If ye | s, at what ages | : |
| Have you ever been sexually | abused? | If yes | , at what ages: | |
| y and y | _ | | , | |
| SYMPTOM CHECKLIST | | | | |
| | | | | |
| Please check each sy | mptom exp | perienced wit | hin the past <i>two</i> | o months. |
| Please check each sy Then <u>circle</u> your wor | | | | o months. |
| | | | | o months. |
| | rst symptor | | nt). | <u>o months</u> Hears voices |
| 2. Then <u>circle</u> your wor | rst symptor | ns (six to eigl | nt). | |
| Then <u>circle</u> your wor Depressed mood | rst symptor Ot Co | ns (six to eiglosessive thoug | nt). | _ Hears voices |
| 2. Then <u>circle</u> your wor Depressed mood Feel worthless Hopeless or helpless Decreased energy | rst symptor Ot Co Ni Ar | ns (six to eight esessive though empulsive belightmares exiety/Worry | nt). | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy |
| 2. Then <u>circle</u> your wor Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood | rst symptor Ot Co Ni Ar | ns (six to eight esessive though empulsive beloghtmares | nt). | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy _ Sexual problem |
| 2. Then <u>circle</u> your wor Depressed mood Feel worthless Hopeless or helpless Decreased energy | rst symptor | ns (six to eight esessive though empulsive belightmares exiety/Worry | ghts navior | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy |
| 2. Then <u>circle</u> your wor Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood | | osessive thougompulsive behindres oxiety/Worry tense fear | ghts navior | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy _ Sexual problem |
| 2. Then <u>circle</u> your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings | | osessive thougompulsive believely/Worry tense fear ort attention s | ghts navior | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy _ Sexual problem _ Stomach aches |
| 2. Then <u>circle</u> your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn | | osessive thougompulsive being ghtmares axiety/Worry tense fear ort attention syperactivity | ghts navior | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy _ Sexual problem _ Stomach aches _ Headaches |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying | | osessive thougompulsive belightmares exiety/Worry ense fear ort attention syperactivity pulsive | ghts navior | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy _ Sexual problem _ Stomach aches _ Headaches _ Conflicts with peers |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts | | osessive thougompulsive belightmares existely/Worry tense fear ort attention experactivity inpulsive hydreaming | ghts navior | Hears voices Sees things that are not there Racing thoughts Increased energy Sexual problem Stomach aches Headaches Conflicts with peers Rapid heart beat |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts Suicidal attempt | | osessive thougompulsive belightmares existely/Worry tense fear ort attention experactivity pulsive aydreaming decisive | ghts navior span | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy _ Sexual problem _ Stomach aches _ Headaches _ Conflicts with peers _ Rapid heart beat _ Reckless or self-abusive behavior |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts Suicidal attempt Memory problem | | osessive thougompulsive belightmares exiety/Worry ense fear ort attention experactivity pulsive hydreaming decisive rfectionist | span tite | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy _ Sexual problem _ Stomach aches _ Headaches _ Conflicts with peers _ Rapid heart beat _ Reckless or self-abusive behavior _ Conflicts with others |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts Suicidal attempt Memory problem Temper outbursts Insomnia | | osessive thougompulsive belightmares exitety/Worry tense fear ort attention experactivity inpulsive endersive existence of appearance of appearance or concentrate | span tite | Hears voices Sees things that are not there Racing thoughts Increased energy Sexual problem Stomach aches Headaches Conflicts with peers Rapid heart beat Reckless or self-abusive behavior Conflicts with others Aggressive behavior |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts Suicidal attempt Memory problem Temper outbursts | | osessive thougompulsive belightmares axiety/Worry tense fear ort attention syperactivity pulsive aydreaming decisive rectionist tange of appear or concentrativity distracted | span tite | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy _ Sexual problem _ Stomach aches _ Headaches _ Conflicts with peers _ Rapid heart beat _ Reckless or self-abusive behavior _ Conflicts with others _ Aggressive behavior _ Less interested in fun activities _ More talkative |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts Suicidal attempt Memory problem Temper outbursts Insomnia Thoughts of death Low self-esteem | | osessive thougompulsive belightmares exiety/Worry tense fear ort attention experactivity pulsive hydreaming decisive rectionist range of appears or concentrate sily distracted to distract to dis | span tite | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy _ Sexual problem _ Stomach aches _ Headaches _ Conflicts with peers _ Rapid heart beat _ Reckless or self-abusive behavior _ Conflicts with others _ Aggressive behavior _ Less interested in fun activities _ More talkative _ Believe that others are plotting against you |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts Suicidal attempt Memory problem Temper outbursts Insomnia Thoughts of death Low self-esteem Easily startled | | osessive thougompulsive belightmares axiety/Worry tense fear ort attention syperactivity pulsive aydreaming decisive rectionist tange of appear or concentrate sily distracted oids crowds uscle tension | span tite | _ Hears voices _ Sees things that are not there _ Racing thoughts _ Increased energy _ Sexual problem _ Stomach aches _ Headaches _ Conflicts with peers _ Rapid heart beat _ Reckless or self-abusive behavior _ Conflicts with others _ Aggressive behavior _ Less interested in fun activities _ More talkative _ Believe that others are plotting against you _ Constantly on the watch for danger |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts Suicidal attempt Memory problem Temper outbursts Insomnia Thoughts of death Low self-esteem Easily startled Easily fatigued | St symptor | osessive thougompulsive belightmares exitety/Worry tense fear ort attention experactivity in pulsive experiments of appearance or concentrate sily distracted voids crowds uscle tension nic attacks | span tite tite | Hears voices Sees things that are not there Racing thoughts Increased energy Sexual problem Stomach aches Headaches Conflicts with peers Rapid heart beat Reckless or self-abusive behavior Conflicts with others Aggressive behavior Less interested in fun activities More talkative Believe that others are plotting against you Constantly on the watch for danger Feels like things are not real |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts Suicidal attempt Memory problem Temper outbursts Insomnia Thoughts of death Low self-esteem Easily startled Easily fatigued Sleeps too much | rst symptor Co Co Ni Ar Int Sh Hy Im Da Inc Pe Cr Po Ea Av Mi Pa | osessive thougompulsive belightmares axiety/Worry tense fear ort attention syperactivity pulsive aydreaming decisive rectionist tange of appeor concentrate sily distracted voids crowds uscle tension nic attacks sily confused | span tite ion | Hears voices Sees things that are not there Racing thoughts Increased energy Sexual problem Stomach aches Headaches Conflicts with peers Rapid heart beat Reckless or self-abusive behavior Conflicts with others Aggressive behavior Less interested in fun activities More talkative Believe that others are plotting against you Constantly on the watch for danger Feels like things are not real Fears gaining weight |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts Suicidal attempt Memory problem Temper outbursts Insomnia Thoughts of death Low self-esteem Easily startled Easily fatigued Sleeps too much Binge eating | Other Othe | osessive thougompulsive belightmares exiety/Worry tense fear ort attention experactivity pulsive exydreaming decisive rectionist range of appears or concentrate sily distracted voids crowds uscle tension nic attacks sily confused akes self vom | span tite ion | Hears voices Sees things that are not there Racing thoughts Increased energy Sexual problem Stomach aches Headaches Conflicts with peers Rapid heart beat Reckless or self-abusive behavior Conflicts with others Aggressive behavior Less interested in fun activities More talkative Believe that others are plotting against you Constantly on the watch for danger Feels like things are not real Fears gaining weight Gambling problem |
| 2. Then circle your work Depressed mood Feel worthless Hopeless or helpless Decreased energy Irritable mood Mood swings Socially withdrawn Increase crying Suicidal thoughts Suicidal attempt Memory problem Temper outbursts Insomnia Thoughts of death Low self-esteem Easily startled Easily fatigued Sleeps too much | rst symptor Ot Co Ni Ar Int Sh Hy Im Da Inc Pe Ch Po Ea Av Mi Pa Ea Mi Fin | osessive thougompulsive belightmares axiety/Worry tense fear ort attention syperactivity pulsive aydreaming decisive rectionist tange of appeor concentrate sily distracted voids crowds uscle tension nic attacks sily confused | span tite ion | Hears voices Sees things that are not there Racing thoughts Increased energy Sexual problem Stomach aches Headaches Conflicts with peers Rapid heart beat Reckless or self-abusive behavior Conflicts with others Aggressive behavior Less interested in fun activities More talkative Believe that others are plotting against you Constantly on the watch for danger Feels like things are not real Fears gaining weight |

SOCIAL HISTORY

| Describe your friendships as a child: _ | | | | | | |
|--|-----------|-------------|---------------|-----------|--------------------|--------------------------|
| How many close friends do you now h | nave? | D | escribe your | best frie | nd: | |
| What do you like to do with your frien | ids? | | | | | |
| nvolvement in social organizations (i. | e. church | n, clubs, o | organization | s): | | |
| HEALTH HISTORY (Please fill in | | | | | | |
| Illnesses & Hospitalizations | • | Length | | | - Unconscious? | Treatment & Aftereffects |
| innesses & Hospitalizations | Age | Lengu | 1 | revei - | - Officoliscious : | Treatment & Artereriects |
| | | | | | | |
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| Accidents | | Age | Unconscio | us? | Treatment & Af | Etereffects |
| | | | | | | |
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| | | | | | | |
| List all medications you are now tall | king | Name | of Dr. prescr | ribing | Purpose of medic | cation |
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| List all <i>psychiatric</i> medications you taken in the <i>past</i> . | have | Name | of Dr. prescr | ribing | Purpose of medic | cation |
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| List all your <u>current</u> medical problems: |
|---|
| Name of your primary physician: |
| Physician's address and phone number: |
| Describe any weight loss or gain in the past year: |
| Describe your eating habits: |
| Describe how much you exercise: |
| How much do you smoke? Date of last physical exam: |
| Describe any sleep difficulties: |
| Head injuries? No Yes Explain: |
| Have you ever had a seizure? If yes, describe: |
| How much alcohol do you drink on weekly basis? |
| What other non-prescription drugs have you used? |
| Have you ever been charged with a D.W.I. or D.U.I? Ages or years: |
| RELIGIOUS |
| Describe your religious upbringing: |
| Church affiliation: |
| Describe your level of participation in religious activities: |
| Describe how you would feel about discussing spiritual or religious issues as a part of your evaluation or therapy: |
| COUNSELING & THERAPY HISTORY |
| Describe any previous psychological or psychiatric evaluation: |
| Describe any previous involvement with therapy or counseling: |
| TREATMENT GOALS |
| Describe the problem that troubles you the most: |
| |

| Why are you <u>now</u> coming in for therapy (versus before of | or later)? |
|--|------------|
| What goals do you have for therapy? | |
| | |
| | |
| Signature | Date |