ADULT HISTORY QUESTIONNAIRE

Please bring this completed form with you at the time of your initial appointment.

REFERRAL INFORMATION

Name ____

Birth Date ______________________ Age __________ Sex __________________

Home Address ____

____

Home Phone Number (______)____

Work Phone Number (______)____

Cell Phone Number (______)____

Email Address ____

By whom where you referred? ____

Person we should contact in the event of an emergency:

Name ___________________________________ Relationship ________________

Phone Number (______)____

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Describe your major concerns, including duration of those concerns and any previous attempts to resolve them.

____
____
____
____
____

Indicate with a check mark how severe your concerns are at this point in time:

______ mildly upsetting
______ moderately severe
______ very severe
______ extremely severe
______ incapacitating

Please describe below any major life stressors that have occurred to you or your family during the past year.

____
____
____
____

What goals do you have for your treatment?

____
____
____
____

List past and/or present counseling and evaluation services:

Counselor	Dates Seen	Records Available?

Medical Development History

Primary Care Physician: Name ____
Address ____
____
Phone (______)______________________________________

Present or Chronic Illnesses:
____
____

Current Medications (indicate dosage and prescribing physician):
____
____

Past Psychiatric Medications:

Medication	Dose	Response	Why stopped

Allergies: ____

Please indicate with a check mark if your childhood/adolescent/young adult history includes any of the following:

____ birth complications
____ major childhood illnesses
____ major childhood injuries
____ major childhood stresses
____ head injury (major or minor)
____ seizures
____ substance or alcohol abuse
____ childhood anxiety
____ childhood depression
____ allergies

____ attention difficulties
____ victim of sexual abuse
____ victim of physical abuse
____ difficult family situation
____ problematic childhood/adolescence
____ childhood behavior problems
____ childhood legal problems
____ learning disabilities
____ parental separation/divorce
____ adoption

Please provide details concerning checked items: ______________________________
____
____
____

Educational/Occupational Information

EDUCATION

Highest grade completed in school, including degrees earned (indicate subject major).

____

Describe your academic strengths.

____

____

Describe any academic difficulties.

____

____

Compared to other students you went to school with as a child, how would you rate your overall intelligence level?

____ below average ____ average ____ above average ____ gifted

OCCUPATION

Describe your current employment position ___________________________________

____

____

Number of years _________

List other positions you have held:

Type of Job Years

____

____

____

Are you satisfied with your present work? _____________________________________

If not, in what ways are you dissatisfied? _____________________________________

____

INTERESTS

Describe your present interests or hobbies.

____

____

____

Present Areas of Concern

All people encounter difficulties from time to time. Please indicate with a check mark those areas of concern which you believe pose particular challenges for you at this time.

TENSIONS/WORRIES

____ fearful
____ panicky
____ feeling keyed up or on edge
____ easily fatigued
____ difficulty concentrating
____ repetitive worries
____ repetitive actions to prevent stress
____ fear of dying
____ irritable
____ frequent stomachaches
____ frequent headaches
____ specific fears (indicate ________________)

EMOTIONS

____ sadness or tearfulness
____ low self-esteem
____ lack of enjoyment/interest
____ low energy
____ feelings of worthlessness
____ feelings of guilt
____ grieving
____ feeling hopeless
____ over-excited
____ under-excited
____ angry
____ slow-moving/under-active
____ moody
____ difficulty controlling temper
____ thoughts of hurting self
____ thoughts of doing something uncontrolled

OTHER

____ career indecision
____ identity issues
____ eating problems
____ weight loss or gain
____ substance abuse
____ excessive use of alcohol
____ unusual thoughts or feelings
____ legal problems

ATTENTION/LEARNING

____ memory difficulties
____ disorganization
____ difficulty with attention
____ lose things frequently
____ easily distracted
____ forgetful
____ fidgety
____ feelings of restlessness
____ act without thinking
____ learning disability
____ difficulty reading
____ difficulty writing
____ difficulty understanding what others say

INTERPERSONAL STRESSES

____ lonely or isolated
____ difficulty with coworkers
____ difficulty with boss
____ difficulty with family
____ difficulty with friends

REACTIONS/LIFESTYLE

____ too emotional
____ under emotional
____ like to be center of attention
____ hard to trust others
____ feel people talk about me
____ avoid people when possible
____ fear of criticism
____ difficulty with decisions
____ fear others will abandon me
____ difficulty doing things on own
____ perfectionistic
____ overly focused on work
____ rigid/stubborn
____ fluctuating, unstable relationships
____ reckless
____ feelings of emptiness
____ difficulty following rules
____ physically aggressive
____ preoccupied with fantasies of success
____ special talents
____ eccentric

Please elaborate on any items above and specify any other concerns. ___________
____
____
____

Family History

HOUSEHOLD

List household members' names, ages, and any concern you may have.

	Name	Age	Relationship	Medical/School/Behavior concern
1.				
2.				
3.				
4.				
5.				
6.				

MARITAL STATUS

____Single ____Engaged ____Married ____Re-married ____Separated ____Divorced ____Widowed

Spouse's age _____ Spouse's occupation ____________________________________
Length of relationship ____
Describe strengths of current relationship ____________________________________
____
____
Describe areas of concern or incompatibility in the relationship ________________
____
____
Give details of any previous marriages (length, children) ______________________
____
____

HISTORY OF EXTENDED FAMILY

Parents

Mother's occupation ________________________Highest grade completed ______
Father's occupation _________________________ Highest grade completed ______
Parental marital status: ___Not Married ___Married ___Separated ___Divorced ___Widowed
If applicable, your age at time of parental separation or death _________

Siblings

Number of siblings ____ Your birth order: ____youngest ____middle ____oldest ____other

Extended Family History

Please indicate with a check mark whether there is a family history of any of the following difficulties. Include parents, siblings, grandparents, aunts, uncles, and cousins. If present, please specify relationship.

Difficulty	Family Member's Relationship To You
____ Mental Retardation	______________
____ Attention Deficit Disorder/Attention Problems	______________
____ Tourette's Syndrome or Tic Disorder	______________
____ Learning Problems/Failure	______________
____ Communication Difficulties	______________
____ Autism/Autistic Spectrum	______________
____ Anxiety Problems	______________
____ Obsessive Compulsive Disorder	______________
____ Depression	______________
____ Suicide Attempt, Suicide Completed	______________
____ Sexual or Physical Abuse	______________
____ Drug Abuse	______________
____ Alcoholism	______________
____ Legal Difficulties	______________
____ Schizophrenia	______________
____ Psychiatric Hospitalization	______________
____ Use of Psychiatric Medication	______________
____ Thyroid Problems	______________
____ Genetic/Metabolic Disorders	______________
____ Bipolar Disorder	______________
____ Personality Disorder	______________

SELF-DESCRIPTION

Please give a word-picture of yourself as you would be described by:
(a) spouse or significant other______________________________
(b) your best friend ______________________________
(c) someone who dislikes you ______________________________
(d) self-description ______________________________

ADDITIONAL COMMENTS

Please use the space below to describe any other information you feel would be helpful to us in understanding your concerns.

____
____
____
____
____