**Personal History Form**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Status: \_\_\_ Single \_\_\_ Engaged \_\_\_Married (how long? \_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_Separated \_\_\_Divorced \_\_\_Widowed \_\_\_Partner (together how long? \_\_\_\_\_\_\_\_\_\_\_\_)

Gender Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest level of education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Living Situation**: Please list anyone living with you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Relationship | Occupation |  |
|  |  |  |  |  |
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Do you have any children not living with you? If yes, please list name and age below.

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**Background History**: Where were you born and raised? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you adopted? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, at what age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have knowledge of biological relatives’ mental and physical health history? \_\_\_\_ Yes \_\_\_\_ No

(if no, skip Family History Questions)

By whom were you primarily raised? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been a victim of trauma, abuse, or neglect? \_\_\_\_\_Yes \_\_\_\_\_ No (If yes, discuss with Dr. Bailey)

Do you have any siblings? Please list first name(s) and approximate age:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Family Mental Health History**: Please list relationship and type of mental health problem, as well as chemical dependency or addiction issues, and any biological relatives that have committed suicide.

(e.g., parent – depression and alcohol dependency; sibling – suicide attempt)

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**Family Medical History**: Please indicate if you have a family history of any of the following conditions:

Diabetes, Stroke, Heart Disease, Thyroid Disease, Unusual reactions to medications/anesthesia, or other hereditary conditions. Please indicate your relationship and type of condition:

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**Chemical Use History**:

How many caffeinated beverages do you drink daily? (estimate in ounces, e.g., 48oz of coffee, soda, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you smoke cigarettes? \_\_\_\_Yes \_\_\_\_No If yes, how many years and packs per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you drink alcohol? \_\_\_\_Yes \_\_\_\_No If yes, how many drinks per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you used recreational drugs? \_\_\_\_Yes \_\_\_\_No If yes, please specify what drugs and frequency of use:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any issues with dependency on any substance: \_\_\_\_Yes \_\_\_\_No

If yes, what drug or substance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been in treatment for chemical dependency or substance use issues? \_\_\_\_Yes \_\_\_\_No

If yes, please list treatment programs and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Legal Issues**:

Do you have any legal history of arrests, convictions or incarcerations? \_\_\_\_Yes \_\_\_\_No

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on probation or parole? \_\_\_\_Yes \_\_\_\_No

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