



4851 CR 135 McMillan, MI 49853
 (906) 235-6750 Phone (844) 241-2634 Fax
 trilliumwoodcounselingservices@gmail.com

Adult Bio/Psy/Social History Questionnaire

Note: If not the client, please complete as the client would. If there are sections you do not know, please document "NA" in the space.

Full Name: _____ Date: ____ / ____ / ____

Birth Date: ____ / ____ / ____ Age: ____ Gender: ____

Social Security number: ____ - ____ - ____ Insurance Provider & Number _____

Marital Status: ____ Never Married ____ Domestic Partnership ____ Married ____ Separated
 ____ Divorced ____ Widowed

Children/ages: _____

Address: _____

Phone #: _____ May I leave a message? ____ Yes ____ No

Cell #: _____ May I leave a message? ____ Yes ____ No

May I leave a text message ____ Yes ____ No

E-mail: _____ May I email you? ____ Yes ____ No

Social Media _____ May I leave a text message ____ Yes ____ No

Referred by: _____ Phone# _____

Other Agency(s) Involved: _____ Worker/Phone# _____

Are you employed? ____ Yes ____ No If yes, how many hour per week do you work? _____

Is your current job enjoyable? ____ Yes ____ No Is your job stressful? ____ Yes ____ No

Are you a Veteran of our Armed Forces? (if so what branch, rank, type of discharge, overseas involvement if any)

Are you spiritual/religious? ____ Yes ____ No If yes, describe your faith or beliefs?



4851 CR 135 McMillan, MI 49853
 (906) 235-6750 Phone (844) 241-2634 Fax
 trilliumwoodcounselingservices@gmail.com

How did you hear about Trilliumwood Counseling Services?

Health Information

Rate your physical health? Unsatisfactory Satisfactory Good Very good

Primary Care Physician: _____

List any specific health problems you are currently experiencing: _____

Do you currently take prescription medication? Yes No If yes, please list: _____

How often do you exercise: _____ Type of exercise you participate in: _____

Do you have chronic pain? Yes No If yes, describe _____

Have you had significant life change? Yes No If yes, describe _____

Stressful event? Yes No If yes, describe _____

Traumatic event? Yes No If yes, describe _____

Do you drink alcohol more than once a week? Yes No

Do you engage in recreational drug use? Yes No

Are you in a romantic relationship? Yes No If yes, for how long? _____

On a scale of 1 - 10 (with 10 being amazing), how would you rate your relationship? _____



4851 CR 135 McMillan, MI 49853
 (906) 235-6750 Phone (844) 241-2634 Fax
 trilliumwoodcounselingservices@gmail.com

Over the last 2 weeks how often have the following bothered you:	none	Several days	More Than half	Most days
Little Interest/pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling/staying asleep or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself or that you have let yourself or family down	0	1	2	3
Trouble concentrating on things like reading or watching television	0	1	2	3
Moving/speaking so slowly or being so fidgety/restless that other people notice	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

If you checked off <i>any</i> problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?	Not difficult at all	
	Somewhat difficult	
	Very difficult	
	Extremely difficult	

Have you received mental health services before? Yes No If yes, list previous therapists/practitioners:

Were you ever prescribed psychiatric medication(s)? Yes No If yes, please list:



4851 CR 135 McMillan, MI 49853
 (906) 235-6750 Phone (844) 241-2634 Fax
 trilliumwoodcounselingservices@gmail.com

Family History

Who in your family do you feel closest to and how so?

When did you leave your family?

Why did you leave?

Any trauma from your childhood (Emotional/Physical)?

How did you deal with these events?

History of family medical problems?

Any family history of mental illness? (list relation and type of mental illness)

Any family substance abuse illness? (list relation and type of mental illness)

Relationship History

Do you get along well with other people?

Any changes in relationships lately? If so, please explain.

If you have children what is your custody arrangement with your children?

Do you consider yourself a good parent? Please explain why or why not.

List any other individuals that live in the home or are important in your life.



4851 CR 135 McMillan, MI 49853
 (906) 235-6750 Phone (844) 241-2634 Fax
 trilliumwoodcounselingservices@gmail.com

Legal History

Are you involved with PROBATION PAROLE PROBATE COURT(CPS/APS)

If so, please describe:

Probation/Parole Officer/CPS Worker:

Are the services you are currently seeking with Trilliumwood court ordered?_____ If yes, by whom?

Are you experiencing any of the following symptoms:

Anger__

Compulsive actions__

Depression__

Fantasies of Violence__

Feelings easily hurt/Frequent Crying__

Gambling issues__

Homicidal Thoughts__

Loneliness__

Nervousness__

Problems with partner/family/children/friends/work__

Panic attacks__

Racing Thoughts__

Suicidal Thoughts__

Trouble concentrating__

Weight loss/Gain__

Anxiety__

Dreams__

Eating Problems__

Fatigue__

Hallucinations__

Financial worries__

Loss of Hope__

Mood swings__

Obsessive Thoughts__

Sexual Problems__

Paranoia__

Shyness__

Trouble sleeping__

Irritability__

Lack of Confidence__



4851 CR 135 McMillan, MI 49853
(906) 235-6750 Phone (844) 241-2634 Fax
trilliumwoodcounselingservices@gmail.com

What are some of your strengths?

What do you consider some of your weakness?

What would you like to accomplish during your time in therapy?

Anything else your psychotherapist at Trilliumwood should know about you?

Signature

Date

Please bring completed form to your first session. Information provided here is protected confidential information.