

ADULT HISTORY FORM

General Information

Today's Date	
Name of Patient	
Gender	
Date of Birth	
Marital Status	
Preferred Pronouns	

FAMILY INFORMATION

Where were you born and raised?

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Who raised you?

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Please provide information regarding family members:

Relationship	Name	Age	Alive/Deceased	Quality of Relationship	Occupation
Mother					
Father					
Stepmother					
Stepfather					
Other:					

Please provide information regarding your siblings:

Number of Siblings	Name	Age	Occupation	Quality of Relationship
Sibling 1				
Sibling 2				
Sibling 3				
Sibling 4				
Sibling 5				

Did you experience any physical abuse as a child? Was there any domestic violence? If yes, please describe:

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Did you experience any sexual abuse as a child? If yes, please describe:

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Did you experience any neglect as a child? If yes, please describe:

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MARITAL INFORMATION

Marital Information:

Name	Age	Occupation	Years married	Quality of Relationship

Please describe any marital problems or areas of conflict:

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Have you ever separated or divorced from your spouse? If yes, please describe:

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Please provide information regarding your children:

Child	Name	Age	Quality of Relationship
Child 1			
Child 2			
Child 3			
Child 4			

MEDICAL INFORMATION

Please list all current medical conditions and illnesses:

Name of Condition	Date of Diagnosis

Name of Physician:

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Name of Medication	Dosage	Date first Prescribed	Reason for Medication

Please list any history of head trauma, including concussions:

Type of head trauma	Dates	Impact on functioning

PSYCHIATRIC INFORMATION

Psychiatrists:

Name of Psychiatrist	Dates seen	Reason

Previous Psychiatric Hospitalizations and Partial Hospitalizations:

Name of Hospital	Dates	Reason For Hospitalization

Therapy Experiences:

Name of Therapist	Dates seen	Reason

EDUCATIONAL INFORMATION

Please describe any history of learning disabilities or speech and language issues you had in school:

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Please describe any social problems you had in school:

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Please describe any behavioral problems you had in school:

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Please indicate year of graduation/completion:

Level of Education	Years attended	Name of School	Area of Focus
GED			
High School			
Associate's Degree			
College Degree			
Graduate Degree			
Other:			

SUBSTANCE USE

Please list all current substances used (including alcohol):

Name of substance	How often?	How much?	Date first used

Please describe any problems affiliated with alcohol or substance use:

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EMPLOYMENT INFORMATION

Current Employment

Current Employer	
Position	
Period of Employment	

Previous Employment

Previous Employer	
Position	
Period of Employment	
Reason for Leaving	

Please describe any work related problems: (e.g., Harassment, Conflicts)

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LEGAL INFORMATION

Have you ever been convicted of a misdemeanor or felony? If yes, please describe:

Have you ever been involved in any divorce or custody proceedings? If so, please describe:

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MILITARY INFORMATION

Have you ever served in the military:

Branch	Years	Highest ranking	Type of Discharge	Combat Experience

SPIRITUAL AND RELIGIOUS INFORMATION

What are religious beliefs? Please describe:

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What were your religious beliefs growing up? Please describe:

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RECREATION

What are your recreational interests? Please describe:

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