

**ADULT HISTORY FORM**

**General Information**

|                           |  |
|---------------------------|--|
| <b>Today's Date</b>       |  |
| <b>Name of Patient</b>    |  |
| <b>Gender</b>             |  |
| <b>Marital Status</b>     |  |
| <b>Preferred Pronouns</b> |  |

**EMPLOYMENT INFORMATION**

**Current Employment**

|                             |  |
|-----------------------------|--|
| <b>Current Employer</b>     |  |
| <b>Position</b>             |  |
| <b>Period of Employment</b> |  |

**Previous Employment**

|                             |  |
|-----------------------------|--|
| <b>Previous Employer</b>    |  |
| <b>Position</b>             |  |
| <b>Period of Employment</b> |  |
| <b>Reason for Leaving</b>   |  |

|                             |  |
|-----------------------------|--|
| <b>Previous Employer</b>    |  |
| <b>Position</b>             |  |
| <b>Period of Employment</b> |  |
| <b>Reason for Leaving</b>   |  |

|                             |  |
|-----------------------------|--|
| <b>Previous Employer</b>    |  |
| <b>Position</b>             |  |
| <b>Period of Employment</b> |  |
| <b>Reason for Leaving</b>   |  |

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

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## MEDICAL INFORMATION

### Current Physicians:

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| Name of Physician: |  |
| Other Physician:   |  |
| Other Physician:   |  |

### Please list all current illnesses:

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### Please list all medications:

| Name of Medication | Dosage | Date first Prescribed | Reason for Medication |
|--------------------|--------|-----------------------|-----------------------|
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## SUBSTANCE USE

### Please list all current substances used (including alcohol):

| Name of substance | How often? | How much? | Date first used |
|-------------------|------------|-----------|-----------------|
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|                   |            |           |                 |
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### Please describe any problems affiliated with alcohol or substance use:

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## PSYCHIATRIC INFORMATION

### Psychiatrists

| Name of Psychiatrist | Dates seen | Reason |
|----------------------|------------|--------|
|                      |            |        |
|                      |            |        |
|                      |            |        |
|                      |            |        |

### Previous Psychiatric Hospitalization and Partial Hospitalizations:

| Name of Hospital | Dates | Reason For Hospitalization |
|------------------|-------|----------------------------|
|                  |       |                            |
|                  |       |                            |
|                  |       |                            |
|                  |       |                            |
|                  |       |                            |

### Therapy Experiences

| Name of Therapist | Dates seen | Reason |
|-------------------|------------|--------|
|                   |            |        |
|                   |            |        |
|                   |            |        |
|                   |            |        |

## EDUCATIONAL INFORMATION

Please indicate year of graduation:

| Level             | Years attended | Name of School | Area of Focus |
|-------------------|----------------|----------------|---------------|
| GED               |                |                |               |
| High School       |                |                |               |
| Associates Degree |                |                |               |
| College Degree    |                |                |               |
| Graduate Degree   |                |                |               |
| Trade School      |                |                |               |
| Other:            |                |                |               |

**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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### **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 or Deceased | Quality of Relationship | Occupation |
|--------------|------|-----|-------------------|-------------------------|------------|
| Mother       |      |     |                   |                         |            |
| Father       |      |     |                   |                         |            |
| Stepmother   |      |     |                   |                         |            |
| Stepfather   |      |     |                   |                         |            |

|                       |  |  |  |  |  |
|-----------------------|--|--|--|--|--|
| <b>Other Guardian</b> |  |  |  |  |  |
| <b>Other Guardian</b> |  |  |  |  |  |
| <b>Other Guardian</b> |  |  |  |  |  |

**Please provide information regarding your siblings:**

| <b>Sibling</b>   | <b>Name</b> | <b>Age</b> | <b>Occupation</b> | <b>Quality of Relationship</b> |
|------------------|-------------|------------|-------------------|--------------------------------|
| <b>Sibling 1</b> |             |            |                   |                                |
| <b>Sibling 2</b> |             |            |                   |                                |
| <b>Sibling 3</b> |             |            |                   |                                |
| <b>Sibling 4</b> |             |            |                   |                                |
| <b>Sibling 5</b> |             |            |                   |                                |
| <b>Sibling 6</b> |             |            |                   |                                |
|                  |             |            |                   |                                |

**Did you experience any physical abuse as a child? 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 domestic violence 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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**Did any of your family members suffer from addiction problems? 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 conflict areas:**

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

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**LEGAL INFORMATION**

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

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**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 |
|--------|-------|-----------------|-------------------|-------------------|
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|        |       |                 |                   |                   |

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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