**ADULT HISTORY QUESTIONNAIRE**

(Please do not have someone else fill this out for you)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_

**EARLY HISTORY:**

1. From what you have been told, what were you like as an infant?
2. Were you raised by both your natural parents? Yes\_\_\_\_ No\_\_\_\_\_

If no, who raised you?

1. Are your parents still living? Yes\_\_\_\_ No\_\_\_\_\_

If not, when did they pass away and cause.

1. Please list brothers and sisters, their ages, step or half and where you fall (youngest, middle…)
2. Describe what your family was like as you were growing up. (What you did as a family, how you got along…)
3. What type of discipline was used with you when you were growing up? How did you feel about this?
4. List where you attended school: What is the highest grade you attained (high school, GED, college).

Name of school State Grades Completed/Degrees/ Certificates

1. Describe what school was like for you growing up.
2. Were you involved in any sports, clubs, or extra-curricular activities?
3. Were there any family crises while you were growing up (deaths, serious physical illnesses, divorce, etc.)?
4. What was your own health like as a child?
5. What were your relationships with other children like? (Both as a child and an adolescent).
6. What did you tend to do with your free time as a child and an adolescent?
7. Please write here anything that was significant to you as a child that you may not have noted elsewhere.

**MEDICAL HISTORY:**

1. How has your health been as an adult (note any major medical problems)?
2. Have you had any surgeries or hospitalizations?
3. Please list your current medications.

Medication Dose Purpose Prescriber How long?

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1. Have you ever participated in counseling or therapy before? (If yes, please describe where when and briefly note the purpose).
2. Have any family members had mental health difficulties (depression, anxiety, bipolar, schizophrenia)?
3. Have any family member had any problems with alcohol or drug use?
4. Do you drink alcohol or use recreational drugs? What do you use? Please include how much and how often.

**MARITAL HISTORY:**

1. Please provide information on your marital history (if never married, just note “single”). Please include people with whom you’ve had a live-in relationship. Please include all children even if from previous relationship.

Spouse’s Name Date Married Date Divorced Children’s Names & Ages

1. A. If currently married; describe how you feel about the marriage.

B. If currently single, do you have any significant intimate relationships in your life and how do you feel about them?

**WORK HISTORY:**

1. Please provide some information on your employment history (start with your most recent job and work back through your past 5 jobs).

Position Employer Approximate dates

1. If currently employed, what do you do and how do you feel about your job?
2. What is your current circle of friends like?
3. What do you do with free time?
4. Please note here anything that has been significant in your adult life that you may not have noted elsewhere.

**CRIMINAL HISTORY:**

1. Have you ever been convicted of a crime (other than traffic citations)? Yes\_\_\_\_ No\_\_\_\_\_

If so, explain

1. Do you have pending charges or currently involved in a court case (i.e. custody, paternity, civil case)?Yes \_\_\_\_ No \_\_\_\_\_

If so, Explain

**SPIRITUAL COMMUNITY:**

1. Do you belong to a church or synagogue? (If yes, what denomination and how active are you in it?)

**GOALS:**

1. What are your goals for the future?
2. What are your goals for treatment?