**ADULT PATIENT HISTORY**

Name: Date of Birth: Age:

Current Marital Status:  *S*ingle Married Widowed Separated Divorced Common Law Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Members/Others Residing in Home Age Relationship to Patient

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

**Family of Origin**

*Please answer questions as it was during your childhood/adolescence:*

FATHER: Age (current, if living):

Occupation: Highest Level of Education:

Describe your father/child relationship:

MOTHER: Age (current, if living):

Occupation: Highest Level of Education:

Describe your mother/child relationship:

Other Important Family Members Age Relationship to Patient

With whom and where did you live during your childhood and adolescence?

Describe your childhood and adolescence:

Have there been any significant deaths or losses in your family? Y or N (circle one) If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Psychiatric History**

*Indicate which family member:*

Maternal Family Psychiatric History Paternal Family Psychiatric History

Depression/Sadness Depression/Sadness

Suicidal Ideation/Attempt Suicidal Ideation/Attempt

Anxiety/Excessive Worry Anxiety/Excessive Worry

Panic Attacks Panic Attacks

Bipolar Disorder Bipolar Disorder

Obsessive-Compulsive Tendencies Obsessive-Compulsive Tendencies

Schizophrenia Schizophrenia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attention Problems/ADHD Attention Problems/ADHD

Learning Problems Learning Problems

Alcohol/Drug Use Alcohol/Drug Use

Problems with the Law Problems with the Law

Seizures Seizures

**Personal Medical History**

Birth History

Length of gestation \_\_\_\_\_\_\_\_\_\_\_\_ Are you a premie? \_\_\_\_\_\_\_\_\_\_\_

Your mother’s pregnancy complications with your birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery complications with your birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please circle the following problems you have experienced:*

Allergies Arthritis Asthma Broken Bones Cancer Diabetes Eating Disorder Emotional problems Epilepsy/Seizures Fainting Head injury/concussion HIV+/AIDS

Loss of Consciousness Headaches/Migraines Hearing Problems Heart Problems Hepatitis Stroke High / Low blood pressure Liver problems Lung problems Organ transplant STD

Osteoporosis Shortness of breath Substance/Alcohol abuse Tobacco use Thyroid problem

Provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all medications you are *currently* prescribed and/or are using and why:

|  |  |  |  |
| --- | --- | --- | --- |
| Medication  | Dose | How many times per day? | Why is the medication prescribed? |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

Please list all medications you have *previously* been prescribed or have used *in the past* and why:

|  |  |  |
| --- | --- | --- |
| Medication  | Why was the medication prescribed? | Why was the medication stopped (include allergic reactions)? |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

**Personal Mental and Emotional History**

*Please circle any of the following problems that pertain to you:*

Alcohol Use Anger Anxiety/nervousness Appetite Body image issues Temper

Depression Difficulty making decisions Educational problems Feelings of inferiority Financial problems Health problems Illicit Drug Use Insomnia Lack of energy Loneliness Fatigue Legal matters Marital problems Memory problems Nightmares Parenting

Occupational problems Sleep issues Post-traumatic stress Prescription drug abuse Divorce

Self-Control Separation Sexual problems Social problems Stress Stomach trouble

Suicidal thoughts Suicide attempt Homicidal Thoughts Cutting Tobacco Abuse Pornography Hear or see things others do not hear or see

**Abuse History**

Have you ever been abused? Y or N (circle all that may apply)

Sexually Verbally Physically Mentally Emotionally Other:

If yes, who was abuser/ relation to you? \_\_\_\_\_\_\_\_\_

At what age did the abuse occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you receive treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental Health Care History**

Have you ever participated in therapy? Psychological testing?

With whom? Diagnosis Assigned? \_\_

Have you ever been admitted to an in-patient psychiatric hospital or substance abuse center? Y or N

If so where were you hospitalized and for how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the previous treatment beneficial? Y or N (circle one)

Please explain:

Substance History

How many alcohol drinks per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use illicit, recreational, or illegal substances of any kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please list and describe use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been diagnosed with a substance use or abuse disorder? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational and Employment History**

What is your highest level of education? \_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you attend school? Include high school, college, trade schools, etc.

Did you have difficulty in school? Y or N (circle one) If yes, please explain:

Describe your most important employment history / current position:

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current and Past Positions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time in Job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ever been fired or let go for any reason/ describe? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Military and First Responder History**

Have you ever served in the military? Y or N (circle one) If yes, where? When?

Have you ever served in a law enforcement capacity? Y or N (circle one) If yes, where? When?

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

Which branch? Rank?

Did you ever serve in combat or were you ever involved in life threatening situations? Y or N (circle one) If yes, please describe your experience.

**Legal History**

Have you ever been arrested? Y or N (circle one) If yes, please explain:

Have you ever been incarcerated? Y or N (circle one) If yes, please explain: ­­­­­

Are problems with the law currently a concern for you? Y or N (circle one) If yes, please explain:

Have you incurred any legal issues regarding illicit or prescribed drugs? Y or N, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_