



ADULT HISTORY

Date: _____

DEMOGRAPHICS

NAME _____ AGE _____ BIRTHDATE _____ M F _____

ADDRESS _____

PHONE (home) _____

(work) _____

MARITAL STATUS: _____ RACE/ETHNIC GROUP: _____

OCCUPATION: _____ EMPLOYED AT: _____

REFERRED BY _____
Name Address Phone

PRESENTING PROBLEM

Why are you seeking treatment?

When did these problems begin?

What seems to help?

What makes it worse?

Have you received evaluation or treatment for these problems before? _____ If so, when and with whom?

Other experience in therapy (when, where, who) _____

Outcome _____

Previous history with a Psychiatrist (when where, who) _____

Outcome: _____

Strengths _____

Weaknesses _____

Learning/Communication Barriers (speech, hearing, vision, comprehension) _____

Any ethnic, religious, cultural, social issues that may interfere with treatment _____

What are your expectations in coming for treatment _____

PRESENTING BEHAVIORS check all that apply

- lying stealing impulsive temper outbursts mood swings destructive crying spells
 - aggressive/assaultive self-mutilate sexual acting out shy sad depressed withdrawn
 - social problems overly sensitive overly dependent negative memory problems
 - poor concentration decreased motivation extreme fears/phobias anxious
- (Explain) _____

List any sleep/appetite/eating disturbances _____

Do you think you have an eating disorder? Yes No Not Sure
(explain) _____

List any habits/obsessions/compulsions _____

Suicidal thoughts/plans/gestures
(explain) _____

How long have you been experiencing these symptoms? _____

LIFE EVENTS AND MENTAL HEALTH HISTORY

- Has a family member ever been treated or experienced depression, anxiety, or any other mental health problem? _____
- If Yes, please describe the problem and the person's relationship to yourself: _____

- Long term illness in family _____
- Death of a family member _____
- Marriage problems _____
- Physical, emotional, or sexual abuse _____
- Do you believe you have a substance abuse problem? _____
 If Yes, with what substance(s)? _____
 How long have you gone without using? _____
 Have you ever attended AA/NA/CA meetings? ___Y ___N

FAMILY HISTORY List family members

With whom do you currently live:

NAME	AGE	SEX	RELATIONSHIP

Where did you grow up? _____

How many siblings do you have? _____ Where are you in the birth order? _____

Parents married ___# of years Parents divorced ___# of years Parents separated ___ Parents remarried? _____

Have you ever married? ___Y ___N and if Yes, how long? _____

Cause of end of relationship: _____

Do you have any children? ___Y ___N If so, how many? _____ What are their ages and gender?

Who do you feel are the people in your life who support and encourage you? (Please list relationship to self)

MEDICAL HISTORY

PAST HEALTH/MEDICAL PROBLEMS (surgeries, hospitalizations, injuries, or any chronic conditions)

Recent testing/results (labs, EEG, MRI, etc.)

Are there any current medical concerns?

CURRENT PRESCRIPTIONS AND OVER THE COUNTER MEDICATIONS

NAME	DOSE	START DATE	REASON	RESPONSE

MEDICATION HISTORY

NAME	DOSE	START/STOP DATE	REASON	RESPONSE

SOCIAL HISTORY

Who do you spend time with

Do you have difficulty making/keeping friends? (explain)

Interests (activities, sports, clubs,
etc) _____

Religious/Spiritual
Affiliations? _____

EDUCATIONAL HISTORY

Highest Grade/Degree Completed: _____ Current educational status: _____

Repeated Grades _____ Grades are/were: ___Average ___Below Average ___Above Average

Special Classes (SBH, LD, DH,
IEP) _____

Special Services received (speech and language, occupational or physical therapy, tutoring,
other) _____

Problems reported (behavior, attention, interruption, social
skills) _____

Psychological Testing (when, where,
results) _____

Please list any family members with learning problems or school-related problems (who, what type of
problem) _____

EMPLOYMENT

Present employment _____ Date of hire _____ Hours/week _____

Problems or
concerns? _____

Previous

employment? _____

How many jobs have you had in the past 5 years? _____

Are you currently experiencing financial pressure? ____Y ____N If Yes, please specify:

LEGAL

Current legal charges? _____

Court date pending? _____ Probation officer _____

	Name	Phone
Probation History? _____	_____	_____
House Arrest _____	_____	_____

Any other family members with legal charges, legal difficulties or arrest history?

Is there any thing else about yourself that you would like us to know? _____

Thank you for completing this form. We look forward to working with you.

Dr. Staci Friedman and Dr. Abby Goldstein
Apple Psychological Associates