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FULL NAME_____

DATE:_____ **AGE:**_____

DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE:_____

WORK PHONE: _____

CELL: _____

EMAIL: _____

REFERRED BY: _____

EMERGENCY CONTACT INFORMATION: Name -

_____

Address -

_____

Relationship -

_____

FAMILY HISTORY:

YES NO Has anyone in your family (blood relative) experienced any psychiatric/mental health issues? If so, please list the family member(s)and briefly describe the problems.

_____

_____

_____

_____

YES NO Has anyone in your family (blood relative) had problems with alcohol or drugs? If so, please list the family member(s) and briefly describe the problems.

_____
_____
_____
_____

YES NO Do any medical problems run in your family?
If so, please list briefly and describe these problems.

_____
_____
_____
_____

YES NO Has anyone in your family ever attempted or committed suicide?

If so, please list briefly and describe the incident.

_____

_____
_____

FATHER:

How old is your father? _____ What is his marital status?

_____

Does he have any current health conditions? _____

If he is deceased, when did he die? _____

What was the cause of his death? _____

How much education did/does he have? _____

What type of work did/does he do? _____

What was your father like when you were growing up?

_____

_____

What type of relationship did/do you have with your father?

_____

_____

_____

MOTHER:

How old is your mother? _____ What is her marital status?

_____

Does She have any current health conditions? _____

If she is deceased, when did she die? _____

What was the cause of her death? _____

How much education did/does she have? _____

What type of work did/does she do? _____

What was your mother like when you were growing up?

_____

_____

_____

What type of relationship did/do you have with your mother?

_____

_____

_____

SIBLINGS:

Please list names and ages of siblings.

_____
_____
_____
_____

What is the quality of your relationships with your siblings?

_____
_____
_____
_____

EDUCATION:

Highest grade completed (1st through 12th) _____

YES NO Do you have a high school diploma? School _____
YES NO Do you have a GED? Year obtained _____
YES NO Do you have technical school training? In what?
_____
YES NO Do you have a college degree? If not, did you attend any college? How much?_____

YES NO Do you attend graduate school? If so, highest degree completed? _____

YES NO Did you have any juvenile behavioral problem(s)?
Please check any problem(s) that you have experienced

___ Running Away	_____ Skipping School	___ Fire setting
___ Fighting	_____ Shoplifting	___ Juvenile court
___ Drug/Alcohol	_____ Cruelty to Animals	___ Lying

SOCIAL HISTORY/RELATIONSHIPS:

What is your **gender orientation?**:

_____

What is your **sexual orientation**:

_____

How many serious relationships have you had? What is/were the quality of these realtionships? _____

YES NO Were you ever abused? If so, how? Please circle

Physically Sexually Emotionally

What is your current **marital status**:

_____

How many times have you been married? _____

Name of spouse or significant other _____

What is the age of this individual? _____

What is the highest level of education this individual completed?

_____

What type of work do they do? _____

YES NO Is this relationship going well? _____

YES NO Are there any problems? _____

YES NO Do you have children? If so, how many? _____

What age(s) is (are) your child(ren)? _____

_____

YES NO Are you having any problems with your child(ren)?

If so, please specify which child(ren) and explain the problem(s).

_____

_____

_____

_____

_____

What are your religious/spiritual beliefs/practices?

_____

List any hobbies or social interests.

_____

OCCUPATIONAL HISTORY:

YES NO Have you ever been in the armed forces? If so, when and which branch? _____

What is your current occupation and where do you work? How long have you been at this job?

_____

Are you happy with your work?

_____

HEALTH:

SUBSTANCE USE HISTORY:

YES NO Do you smoke or have you smoked cigarettes? If so, how much? Have you quit?_____

YES NO Do you drink or have you drank alcohol? If so, How much? Have you quit? _____

YES NO Do you use or have you used drugs? Have you quit?

If you still use drugs, complete the following list.

Drug(s)	How much?	How often?

YES NO Have you ever been involved in a substance abuse, alcohol treatment, or detoxification program? If so, please describe when, where, and for how long?

Years	Facility

MEDICAL HISTORY:

Please list any medical problems that you have and when these conditions were diagnosed or discovered.

Date diagnosed/discovered	Medical problem(s)

Please list any current medical issues for which you are being treated.

_____
_____
_____

PSYCHIATRIC HISTORY:

YES NO Have you ever received any psychiatric, psycho- logical, emotional treatment/counseling in the past or currently? If so, list the year(s) or your age when this treatment was provided and how often the treatment was provided.

Year(s)/Age Treatment provider (Dr./place) Frequency

_____
_____
_____
_____

YES NO Have you ever been hospitalized for psychiatric/psychological reasons? If so, when and where, and for what length of time?

_____
_____
_____

YES NO Have you ever been prescribed psychiatric medicines (anti anxiety, antidepressants, etc.)

Year(s)/Age Medication(s) How often?

_____
_____
_____
_____