

ADULT INFORMATION FORM

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Please fill out the following information as completely as possible. This will make it unnecessary to ask you routine questions and save time for more important discussions.

Name _____ Date of Birth _____

Address _____

How long have you lived in this area? _____

Occupation _____ How long? _____

Employed by _____ How long at present job? _____

Highest school grade completed _____ Birthplace _____

Married ___Yes ___No How long? _____ Do you live with your spouse? ___Yes ___No

Previous marriages? ___Yes ___No Additional family circumstances we may need to know to help you?

Household Members

Name	Age	Relationship	Occupation/Grade

Family Members Not Living in Household (e.g., stepchildren, adult children, etc.)

Name	Age	Relationship	Occupation/Grade

Please list below family member(s) who have (or had) emotional problems, psychiatric illnesses and/or difficulties with drug or alcohol abuse.

Family Member (relationship to you)	Problem	On-Going	Resolved

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Describe the problems that are causing you to seek help. _____

How long have these problems bothered you? _____

What do you consider your strengths and resources? _____

Have you ever had psychotherapy or counseling before? ____ Yes ____ No

If yes, please list psychotherapist(s) and dates and type (individual, family, couple, group) of treatment:

Have you ever had medication prescribed for psychiatric or emotional difficulties? ____ Yes ____ No

If so, please list all such medications, their dosages, and when you took them. _____

What medications of **any kind** are you currently taking?

Medication	Frequency	Dosage	What For

Have you had allergic reactions or other problems with medications? ____ Yes ____ No

If yes, which drugs, and briefly explain. _____

What medical problems do you have and dates of surgeries?

Have you had any legal difficulties?

Have you ever had a problem with alcohol or drugs?

Is there any other information we should know to help you?
