



PATIENT HISTORY-ADULT

Name: _____ Date of Birth: _____

Date form completed _____

Reason for seeking treatment:

How long has this problem existed? 1-3 mos. 6-12 mos. 1-2 yrs. 2-5 yrs. 10+ yrs. (Please circle one)

Prior Therapy: Yes No (please circle one)

If, yes what was the duration? Brief or Long Term (please circle one)

Treatment Environment? Periodic Sessions Day Treatment Inpatient (please circle one)

Was it: Helpful Not Helpful Not sure (please circle one)

Current Marital Status: _____

Current Primary Physician: _____

Occupation: _____

Current Employment: _____

High School graduate: Yes No GED (please circle one)

College Graduate: Yes Some College No (please circle one)

If, yes: Degrees(s) or number of credits: _____

Field of Study: _____

Occupational Training (please explain):

Military Service: _____

Religious Affiliation: _____

Recreation (list some usual activities):

Have you ever been married? Yes No (please circle one)

If yes: How many times? _____

If more than once, please list length of marriage(s).

List all of those with whom you reside, and designate the relationship(s) and age(s):

Do you have children who do not live with you? Yes No (please circle one)

If yes, please provide name(s) and age(s):

Have there been deaths in your family or among your friends? Yes No

If yes: Who: _____ When: _____

Have you moved recently? Yes No

If yes when: _____

Have you moved often: Yes No If yes, please explain:

Do you plan a move in the near future? Yes No

If yes, please explain:

Work History for the Past 10 Years

Employer	Job Title	Start Date	End Date	Reason for Leaving

Family of Origin

Please provide data on your mother, father, siblings, and any step or half-family members.

Name and Relationship	Age	Health Status	Occupation	Where Resides	Frequency of Contact

As an adult, have you ever separated from family members for a prolonged period? Yes No
(please circle one)

Were there any separations from your family or either parent when you were a child (i.e. mother hospitalized for 3 weeks when you were 5, etc.)? Yes No (please circle one)

If yes, please explain:

Is there any history of mental, emotional, or psychiatric problems in your family? Yes No (please circle one)

If yes, please explain:

Health History

List any medications taken:

Current

Previous

Hospitalizations:

Date	Medical or Psychiatric	Purpose	Outcome

Please provide a history of each pregnancy (if applicable) (i.e. to term, miscarriage, abortion,)

Please list any chronic health conditions (i.e. asthma, high blood pressure, etc.)

Please list any serious accidents or illnesses for which did not require hospitalization.

What is your current general state of health?

Symptoms and Behaviors Checklist

Use (√) in preferred box

Symptom	None	Low	Medium	High	Extreme
Depression					
Tearfulness					
Feeling lonely					
Feelings sad					
Withdrawn					
Spending more time alone					
Moody					
Avoiding friends					
Concerned about injury					
Eating more					
Eating less					
Weight change					
More exercise					
Less exercise					
Decreased interest in sex					
Decreased interest in usual activities					
Tired					
Sleeping more					
Sleeping less					
Waking during the night					
Waking early in the morning					
Sleep walking					
Nightmares/Bad dreams					
Headaches					
Careless about dress/hygiene					
Having trouble concentrating					
Confused					
Distractible					
Impulsive					
Disorganized					
Hearing things others don't hear					
Seeing things others don't see					
Trouble following directions					

Perfectionistic					
Anxious					
Worrying					
Feeling panicky					
Obsessive/Ritualistic behaviors					
Critical of others					
Have few friends					
Low self esteem					
Disappointed in appearance					
Disappointed in achievements					
Disappointed in social life					
Legal problems					
Problems at work					
Problems in daily life					
Arguing					
Defiant					
Destroying/Damaging property					
Irritable					
Angry					
Easily frustrated					
Giving away belongings					
Threats to one self					
Wishes to be dead					
Suicidal thoughts					
Suicidal intent					
Homicidal thoughts					