

## ADULT HISTORY QUESTIONNAIRE

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

### I. PRESENTING PROBLEM:

**Describe the problems you are having and when they started:**

### II. TREATMENT HISTORY

**Describe any treatment you have had in the past. Please include the name of the provider, dates and any other relevant comments.**

**Do you have a psychiatric advanced directive? (circle) Yes No**  
If yes, explain and provide documentation:

### III. ENVIRONMENTAL/ HOME/SUPPORTS/RESOURCES

#### Family:

Spouse/Significant Other: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

In-laws: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

Children: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

Children's Relationship to each other: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

Mother: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

Father: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

Siblings: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Additional information:

**Social Environment:**

Friends: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

Neighbors: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

Community: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

Religious Affiliation: \_\_\_ Supportive \_\_\_ Problem \_\_\_\_\_

Additional Information:

**Education**

\_\_\_ Resource \_\_\_ Problem

Highest Grade Level Completed \_\_\_\_\_

Additional Information:

**Occupation**

Current Employment \_\_\_\_\_ Length of Time \_\_\_\_\_

\_\_\_ Resource \_\_\_ Problem \_\_\_\_\_

Past Employment \_\_\_\_\_ Length of Time \_\_\_\_\_

\_\_\_ Resource \_\_\_ Problem \_\_\_\_\_

Additional Information:

**Housing**

Current Living Situation \_\_\_\_\_

\_\_\_ Resource \_\_\_ Problem \_\_\_\_\_

Additional Information:

**Financial**

Current Financial Situation \_\_\_\_\_

\_\_\_ Resource \_\_\_ Problem \_\_\_\_\_

Additional Information:

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Legal**

Current Legal Situation (include all arrests and any pending court action):

Past Legal Involvement

**IV. MEDICAL HISTORY**

PCP Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Examination: \_\_\_\_\_ Allergies: \_\_\_\_\_

Are you currently under treatment for any medical conditions? \_\_\_ No \_\_\_ Yes

If yes describe below:

\* Completed Medical History Form \_\_\_\_\_

\* Completed Medication Log \_\_\_\_\_

**V. SUBSTANCE OR ALCOHOL USE/ABUSE**

**Alcohol/Drug Use History**

Substance	Frequency/Amount	First Use	Last Use
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any problems you have experienced from using drugs/alcohol:

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Substance Abuse Treatment History**

Previous Substance Abuse Treatment: \_\_\_ No \_\_\_ Yes

<u>Location</u>	<u>Duration</u>	<u>Dates of Treatment</u>	<u>Reason for Admission</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VI. SIGNIFICANT PSYCHOSOCIAL/DEVELOPMENTAL HISTORY  
(Include any abuse)**

**Childhood/Adolescence (illness, raised by, moving, school, relationships, developmental milestones)**

**Adulthood (relationships, job history, significant events)**

**Mature Years (retirement, goals, adjustments, losses, medical problems, relationships)**

Client Name: \_\_\_\_\_  
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DOB: \_\_\_\_\_

**VII. FAMILY MENTAL HEALTH/ALCOHOL AND DRUG HISTORY**  
**Describe any other family members that have received treatment and why:**

**VIII. FAMILY MEDICAL HISTORY**  
**Describe any family medical problems:**

**IX. STRENGTHS/WEAKNESSES**  
**Describe two strengths and two weaknesses:**

**Please write any other information you think your therapist should know about you.**

**What are your personal treatment goals?**

**Clinician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
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