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ADULT CLIENT HISTORY

Name _____ Today's Date: _____

Birthdate _____ Current Age _____

Gender Identity: _____ Pronouns: _____

Occupation _____

Employer _____ Typical Work Hours _____

Ethnicity: _____ Primary Language: _____

Other languages you speak: _____

FAMILY

Marital Status (circle): Married Domestic Partner Separated Divorced Widowed Never Married

Spouse/Partner Name _____ Age _____ Relationship Length _____

Spouse/Partner's Occupation _____ Employer _____

Were you married previously? _____ If yes, how many times: _____

Your Children Living with You: (Please indicate if adopted or step-children)

Name _____ Age _____ Gender _____

Student/Occupational Status _____ School/Employer _____

Name _____ Age _____ Gender _____

Student/Occupational Status _____ School/Employer _____

Name _____ Age _____ Gender _____

Student/Occupational Status _____ School/Employer _____

Your Children Living Separately from You: (Please indicate if adopted or step-children)

Name _____ Age _____ Gender _____

Student/Occupational Status _____ School/Employer _____

Name _____ Age _____ Gender _____

Student/Occupational Status _____ School/Employer _____

Name _____ Age _____ Gender _____

Student/Occupational Status _____ School/Employer _____

Others Residing in Home:

<u>Name</u>	<u>Relationship to You</u>	<u>Age</u>	<u>Gender</u>	<u>Student/Occupational Status</u>

Pets: Please list any pets living with you: _____

Family of Origin:

Parent 1: Name _____ Current age: _____ Occupation: _____

Where living: _____ If deceased, age at death: _____ Cause of death: _____

Parent 2: Name _____ Current age: _____ Occupation: _____

Where living: _____ If deceased, age at death: _____ Cause of death: _____

Siblings:

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Student/Occupational Status</u>	<u>Location</u>

EDUCATION

1. Highest level of formal education achieved _____

Name of High School: _____ Year Graduated _____

College Name: _____ Degree _____ Year Awarded _____ Major _____

College Name: _____ Degree _____ Year Awarded _____ Major _____

3. Did you receive any special educational/remedial services/accommodations in school? Please explain:

4. Other Training, Apprenticeships, etc.:

Where Attended: _____ Type of Training _____ Years Attended _____

Where Attended: _____ Type of Training _____ Years Attended _____

MEDICAL/DEVELOPMENTAL HISTORY

1. Name(s) of your Physicians:

Primary Care Physician _____ Location _____

Other PhysicianName _____ Specialty _____ Location _____

Other PhysicianName _____ Specialty _____ Location _____

2. Please list medications currently taken by client, including dosage:

Medication _____ Dosage _____ For What Condition _____

Medication _____ Dosage _____ For What Condition _____

Medication _____ Dosage _____ For What Condition _____

Medication _____ Dosage _____ For What Condition _____

3. Please list any significant illnesses, injuries, or hospitalization/surgeries experienced by the client:

<u>Illness/Injury</u>	<u>Approximate Date</u>	<u>Hospitalized?</u>	<u>Enduring Effects</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Do you now or have you ever experienced any of the following (describe condition & approximate dates):

a. Sleep problems _____

b. Eating problems _____

c. Unusual weight gain/loss _____

d. Vision/hearing problems _____

e. Cardiac/Heart Problems _____

f. Allergies/Asthma _____

g. Convulsions or seizures _____

h. Nervous tics _____

i. Chronic stomachaches _____

j. Chronic headaches _____

k. Concussions _____

l. Diabetes _____

5. How often do you:

Smoke cigarettes/cigars/pipe _____ Drink alcohol _____

Use recreational drugs (list types) _____

6. Please list any significant medical or psychological history in your parents or siblings:

7. Please list any other current medical or psychological issues in the immediate or extended family that are contributing significant stress to the client:

8. Please list your previous psychotherapy, counseling, or psychiatric treatment or psychological evaluations:

Name/Treatment Location Approximate Date

9. To your knowledge, was there anything unusual about your mother's pregnancy with you or your birth?

10. To your knowledge, circle the description of your accomplishment of these developmental milestones:

	<u>Normal</u>	<u>Early</u>	<u>Late</u>	<u>Significant Delay</u>	<u>Don't Know</u>
a. Beginning to walk:	_____	_____	_____	_____	_____
b. Beginning to talk:	_____	_____	_____	_____	_____
c. Speak in sentences:	_____	_____	_____	_____	_____
d. Bladder control:	_____	_____	_____	_____	_____
e. Bowel control:	_____	_____	_____	_____	_____
f. Ride a bike:	_____	_____	_____	_____	_____
g. Begin to read:	_____	_____	_____	_____	_____
h. Begin to write:	_____	_____	_____	_____	_____

OTHER SOCIAL BACKGROUND

1. How would you describe your friendships and social life?

- _____ I'm a loner.
_____ I have one close friend.
_____ I have several close friends.
_____ I have one/several close friends and a wider group of casual friends.
_____ I don't have any close friends but have lots of casual friends and acquaintances.

2. Check all of the descriptions below that apply to you:

- _____ I make friends easily.
_____ I have long-term friendships that I've maintained over many years.
_____ I have an active social life.
_____ I tend to socialize only with family members.
_____ I initiate social activities with others (friends, family) frequently.
_____ It's hard for me to make friends.
_____ I think of myself as a leader.
_____ I am more a follower than a leader.
_____ I'm not really a leader or a follower but more of an active contributor and supporter in my social realm.

3. Religious Affiliation _____

Church Participation (circle one): active causal occasional not attending

4. List any hobbies, sports, clubs/organizations, or other special interests: _____

5. Who do you consider to be your heroes, or people that serve as a role model for you? _____

What other information do you think that I should know to help me work with you?

What are the goals that you'd like us to address in our work together?

Signature of person completing this form

Date

Relationship of person completing for the client if not the client

Thank you for taking the time to complete this form.
It will help in understanding and facilitating the changes that are the goal of these services.