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ADULT HEALTH HISTORY

Referred by _____

Name _____ Date _____

Sex: M F Date of Birth _____ Yrs. of education _____

Occupation_____

1) Briefly describe the reason(s) you are seeking treatment.

_____

_____

_____

_____

2) When did the problem begin and what motivated you to seek treatment now?

_____

_____

_____

_____

3) What have you done to improve or alleviate the problem?

_____

_____

_____

_____

4) List all past or present mental health treatment.

Dates	Types of treatment	Doctor/therapist's name	Where

_____

_____

_____

_____

_____

5) Goals for present treatment.

_____
_____
_____
_____
_____

6) On the scale below, please estimate the current severity of the problem(s).

_____	_____	_____	_____
mildly upsetting	moderately severe	very severe	totally incapacitating

7) List all current medications.

_____
_____
_____
_____

8) List all medications taken in the past for emotional/psychiatric reasons and dates.

_____
_____
_____
_____

9) Marital status and name of spouse or partner if applicable.

_____

10) Names and dates of birth of children.

_____
_____
_____
_____

11) Check any of the following that have ever applied to you.

Medical	Mental Health and other	
____liver disease	___ juvenile delinquency	___anorexia
____kidney disease	___ school phobia	___binge/compulsive eating
____asthma	___ family problems	___sexual problems
____cancer	___ teenage pregnancy	___sexual abuse
____epilepsy	___ bedwetting	___physical abuse
____thyroid disease	___ truancy	___incest
____head injury	___ running away	___rape
____heart trouble	___ childhood fears	___PTSD
____diabetes	___ behavior problems	___occupational issues
____venereal disease	___ learning disorders	___other_____
____AIDS or HIV+	___ ADHD/hyperactivity	___other_____

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Client and Family History

	Yours (client)	*Father*	*Mother*	*Sibling 1*	*Sibling 2*	*Sibling 3*	*Sibling 4*	*Spouse*	*Child 1*	*Child 2*	*Child 3*	*Child 4*	*Maternal Grandmother*	*Maternal Grandfather*	*Paternal Grandmother*	*Paternal Grandfather*
Health																
Good																
Poor																
Died																
Depression																
Suicide																
Alcohol Abuse																
Drug Abuse																
Schizophrenia																
Anxiety																
Panic Attacks																
Psychiatric Hospitalization																
Other																