

Adult Questionnaire

Name: _____ DOB: _____ Age: _____

Why are you seeking help?

When did the difficulty begin?

What makes it worse?

Does anything make it better?

What evaluations and/or treatment have you had in the past?

Please list medications used and results:

Past and current Therapist/Psychiatrist (Please include the year. This doesn't have to be completely accurate):

Adult Questionnaire

Family history (include name, mental health history and any medical problems):

Biological Father:

Education and Occupation:

Paternal family, members with mental health or substance abuse problems

Suicide Attempts?

Biological Mother:

Her Education and Occupation

Maternal family members with mental health or substance abuse problems

Suicide Attempts?

Current Household:

Adult members currently living with you: _____

Children (list names and ages and how they are doing)

Name	Age	School Performance	Mental health history

Your education and occupation: _____

Your developmental History:

Born and raised: _____

You parents were: Married Divorced (cir)

How many brothers and sisters? _____ You were the oldest, 2nd, 3rd, 4th, _____

Any History of physical or sexual abuse? YES NO

Adult Questionnaire

Any legal problems?

Any financial problems?

Medical History:

Current Physical/ last appointment:

Current problems and medication treatments:

Allergies (Please include environmental and medication allergies):

Please use this pace to tell me anything more that you think would be helpful for me to know yourself: