Jean M. Monty, Ph.D.

Psychological Services, LLC

Adult History Form

Client's Name: _____ Diagnosis: _____

Date:_____ Age: _____ Sex: ☐Male ☐Female

Date of Birth: _____ Place of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (H): _____(C): _____(W):_____

Emergency Contact Name/Number: _____

FAMILY INFORMATION

Marital Status: ☐Single ☐Married ☐Divorced ☐Partner Significant Other: _____

Number of Individuals in your household: _____

Name of Individuals living with you and their relationship to you:

_____
_____
_____
_____

Religion (optional): _____

EDUCATION AND EMPLOYMENT HISTORY

	Name of School	**Year Graduated**
High School		
College		
Advanced Degree		
Other		

Are you employed outside of the home? _____

Present Occupation: _____

Place of Employment: _____

How long have you worked at this job? Years: _____ Months: _____

Longest job held: Years: _____ Months: _____

Title and/or name of position: _____

Are you currently enrolled in a college or university? If yes, where, and what is your intended major and expected date of graduation?

_____

_____

Ever served in the Military?: ☐Yes ☐No

If yes, please give dates and positions in Military:

_____

_____

Honorable or Dishonorable Discharge: _____

HEALTH

Name of Primary Care Physician: _____

Medications and dosages:

_____

_____

_____

Describe your present physical condition:

_____

_____

_____

Do you drink?: _____ If so, how often and how much?: _____

Do you abuse Narcotics or other substances?: _____

If yes, please explain: _____

Have you been seen for mental health or substance abuse issues in the past? _____

If yes, with whom and for how long?:

_____

_____

_____

_____

Signature of Client: _____ Date: _____

Therapist Signature: _____ Date: _____