Background Information – Adult Client

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Name	Birthdate	ID	
Address		OK to send mail ☐Y ☐N	
City	State	Zip	
Phone C	OK to leave msg ☐Y ☐N	Racial/Ethnic group	
Phone H	OK to leave msg ☐Y ☐N	Religion	
Phone W	OK to leave msg ☐Y ☐N	How did you hear about us	
Email	OK to EMail ☐Y ☐N		

Residence History
Please report everywhere you have lived, when, and with whom, including custody arrangements, if applicable.

Family	Names & Ages	Comments
Parents		
Step-Parents		
Full Siblings		
Half-Siblings		
Step-Siblings		
Biological Children		
Adopted Children		
Step-Children		

Emergency Contact
Who should we contact in case of an emergency? (Don't list anyone who will routinely attend sessions with you)

Name	Phone number
Relationship	

Family Relationships

Please describe how well you get along with each of the other members of your family.

Educational History

List all schools attended, with city, and dates	
Ever repeated a grade ☐Y ☐N	When
General performance: (Example - all A's, mostly C's, failed two classes, etc.)	
Problems with school ☐Y ☐N	What
Special education ☐Y ☐N	Reason
Last grade completed/degrees earned	
Strengths	Weaknesses

Work History

Age of first job	First job	
All other jobs, with dates		
Current job		Annual income
Shift/Work hours	hours per week	How long at current job
Job satisfaction: 1-10 (1-poor, 10-excellent)		
Other sources of money		

Physical Problems (sleep, appetite, concentration, muscle tension, etc.)

Social History

Do you have a best friend ☐Y ☐N		If yes ☐M ☐F
Age	State of residence	Length of this friendship
About how many close friends do you have		
About how many times per week do you socialize outside of work hours		
What types of social activities do you enjoy		

Friendship History & Issues	Romantic History & Issues	Gender Identity	Sexual Orientation

Legal History

Substance Use	Age Last Used	Age First Used	Frequency	Amount per Use	Type / Method
Alcohol					
Marijuana/Other Cannabinoids					
Cocaine/Crack					
Meth/Other Amphetamines					
Heroin					
Oxycodone / Other Opiates					
Benzos/Barbiturates/Other Depressants/Sedatives					
Ecstacy/Ketamine/PCP/LSD/ Other Hallucinogens					
Hypnotics / Sleeping Pills					
Nicotine/Tobacco					
Caffeine					
Any Others (e.g. Inhalants)					

Mental Health Treatment History

Please list all psychiatrists, psychologists, therapists, and counselors

Facility/Agency	Provider's name	Phone number	Dates	Issues/Diagnosis	How/Why ended

Medical History

Mother's health during pregnancy		
Mother's age at delivery	Delivered ☐ Vaginally ☐ C-Section	Forceps used ☐ Y ☐ N
Mother's use of prescription or non-prescription drugs during pregnancy ☐ Caffeine ☐ Alcohol ☐ Nicotine/Cigarettes ☐ Prescription meds ☐ Over-the-counter meds ☐ Illegal drugs		
Labor length	Mother's labor meds	Birth weight
Birth complications		
Immediate health concerns		
Separated from mother at birth (explain)		
Separations from caregivers first month of life (explain)		
Injuries		
Surgeries		
Diseases		
Medications (everything current, with dosage and who prescribes)		

Weight	Height	Allergies
Primary Care Physician:		
Date & Results of Last Physical / Labs:		
Health problems in father's family		
Health problems in mother's family		

Developmental History (Adults, please fill this out about yourself, asking older relatives to help, if possible)

Sat up	Walked
Single words	Phrases
Bladder trained, daytime	Bladder trained, night
Bowel trained	Problems ☐ Y ☐ N
Dressed self	Any developmental concerns
Mealtime/Eating problems	
Bedtime/Sleeping problems	
Any irrational fears	
Slept in own bed as a child ☐ Always ☐ Sometimes ☐ Rarely ☐ Never	
Aggressive behavior	
Symptoms of anxiety	
Symptoms of depression	

Disciplinary History

Check techniques used by your parents

	Mother (& Step-Father)	Father (& Step-Mother)	Other
Give instructions	☐	☐	☐
Repeat instructions	☐	☐	☐
Charts/Lists	☐	☐	☐
Time out	☐	☐	☐
Send to room	☐	☐	☐
Grounding	☐	☐	☐
Make apologize	☐	☐	☐
Extra work	☐	☐	☐
Lose privileges	☐	☐	☐
Reward behavior	☐	☐	☐
Reward grades	☐	☐	☐
Have child un-do	☐	☐	☐
Special activities	☐	☐	☐
Verbal criticism	☐	☐	☐
Disapproving look	☐	☐	☐
Reasoning/Lecture	☐	☐	☐
Yell/Scream	☐	☐	☐
Spank	☐	☐	☐
Spank with object	☐	☐	☐
Slap	☐	☐	☐
Push	☐	☐	☐
Hit with fist	☐	☐	☐
Others:	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Any History of Abuse	By Whom	At What Ages
Physical ☐Y ☐N		
Emotional ☐Y ☐N		
Sexual ☐Y ☐N		

I have hurt, cut, burned myself, etc.	☐Y ☐N
(explain)	
I have wished to be dead	☐Y ☐N
(explain)	
I have thought about killing myself	☐Y ☐N
(explain)	
I have tried to kill myself	☐Y ☐N
(explain)	
I've thought about killing someone else	☐Y ☐N
(explain)	
I have tried to kill someone else	☐Y ☐N
(explain)	

Presenting Problem

For what reasons are you seeking therapy at this time and for how long have these things been going on? What made you decide to come in and how will you know we are finished?

Spouse/Significant other

Education			Occupation	
Since	Shift	Hours/Week	Yearly income	Likes job ☐Y ☐N
Other occupations				
Marital history				
Mental health treatment history				
History of using alcohol or other drugs				
Legal history (arrests, jail time, fines)				

Father

Education			Occupation	
Since	Shift	Hours/Week	Yearly income	Likes job ☐Y ☐N
Other occupations				
Marital history				
Mental health treatment history				
History of using alcohol or other drugs				
Legal history (arrests, jail time, fines)				

Mother

Education			Occupation	
Since	Shift	Hours/Week	Yearly income	Likes job ☐Y ☐N
Other occupations				
Marital history				
Mental health treatment history				
History of using alcohol or other drugs				
Legal history (arrests, jail time, fines)				

Stepfather or Other Male

Education			Occupation	
Since	Shift	Hours/Week	Yearly income	Likes job ☐Y ☐N
Other occupations				
Marital history				
Mental health treatment history				
History of using alcohol or other drugs				
Legal history (arrests, jail time, fines)				

Stepmother or Other Female

Education			Occupation	
Since	Shift	Hours/Week	Yearly income	Likes job ☐Y ☐N
Other occupations				
Marital history				
Mental health treatment history				
History of using alcohol or other drugs				
Legal history (arrests, jail time, fines)				