ADULT PERSONAL HISTORY

1. Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications: include dosages and frequency: (include over the counter, herbs and vitamins):

Past Medications and there effects:

Medication Allergies:

Name, address, and phone number of your physician:

Current and or past therapists and or psychiatrists names and numbers:

Past Psychiatric History:

Diagnoses? Psychiatric hospital admissions? Suicide attempts?

How can I help?

When did things start to become a problem?

What has helped?

What hasn’t helped?

What are your strengths?

Past medical history: (please include any significant injuries, illnesses, and surgeries)

Family medical history:

Family psychiatric and substance abuse history:

Your current and past use of substances: (alcohol, marijuana, cocaine, ecstasy, opioids, heroin, psychedelics, synthetics, caffeine, tobacco, energy drinks)

Social history:

Married; \_\_\_\_ Divorced: \_\_\_\_ Separated: \_\_\_ Single/Never married: \_\_\_\_ Cohabitating:\_\_\_

Who do you live with?

Do you own or rent or are you in a therapeutic living environment?

Do you have pets? If yes, please describe:

What are your hobbies or activities now or in the past?

Education;

Highest grade achieved:

Describe any special education classes, learning problems, AP classes:, suspensions or expulsions, behavioral problems, and or social problems.

Legal History;

Describe contacts with law enforcement, arrests, probation requirements including alcohol/drug or domestic violence classes, incarcerations, parole:

Current Charges Pending and Next Court Date:

Thank you for taking the time to fully complete this form.