

Prior Mental Health History and Attempts to Correct Problems Please include contact with other professionals, medications, types of treatment, etc: _____

Medical History Current medical problems/medications: _____

Current supplements/vitamins/herbs: _____

Past medical problems/medications: _____

Other doctors/clinics seen regularly: _____

Any history of head trauma? (describe): _____

Ever any seizures or seizure like activity?: _____

Prior hospitalizations (place, cause, date, outcome): _____

Prior abnormal lab tests, X-rays, EEG, etc: _____

Allergies/drug intolerances (describe): _____

Present Height _____ *Present Weight* _____

Current Life Stresses Please include anything that is currently stressful for you, examples include relationships, job, school, finances, children: _____

Prenatal and birth events Parents attitude toward their pregnancy with you: _____
Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc):

Any birth problems, trauma, forceps or complications?: _____

Sleep behavior Nightmares, recurrent dreams, current problems (getting to sleep, staying asleep or getting up):

School History Last year completed: _____ Last secondary school attended: _____
University or trade school?: _____
Average grades received: _____ Specific learning disabilities?: _____

Learning strengths: _____

Any behavior problems in school?: _____

What have teachers said about you?: _____

Please bring school report cards and any state, national or special testing that has been performed.

Employment History Please summarize jobs you've had, list most favorite and least favorite: _____

Any work-related problems?: _____

What would your employers or supervisors say about you?: _____

Military History _____

Legal History Have you ever been involved with the criminal justice system?: _____

Have you ever been involved with the Family Court?: _____

Sexual history (answer only as much as you feel comfortable)

Age at the time of first sexual experience: _____ Number of sexual partners: _____

Any history of sexually transmitted disease?: _____ History of abortion?: _____

History of sexual abuse, molestation or rape?: _____

Current sexual issues or problems?: _____

Alcohol and Drug History Please list age started and types of substances used through the years and any current usage. Also, describe how each of these substances made you feel and what benefit you got from them. These include alcohol (hard liquor, beer, wine), marijuana (real or synthetic), prescription tranquilizers or sleeping pills, inhalants (glue, gasoline, cleaning fluids, etc.), cocaine or crack, amphetamines or 'P' or ice, steroids, opiates (heroin, codeine, morphine or other pain killers), barbiturates, hallucinating drugs (LSD, mescaline, mushrooms), PCP:

Ever experience withdrawal symptoms from alcohol or drugs?: _____

Has anyone told you they thought you had a problem with drugs or alcohol?: _____

Have you ever felt guilty about your drug or alcohol use?: _____

Have you ever felt annoyed when someone talked to you about your drug or alcohol use?: _____

Have you ever used drugs or alcohol first thing in the morning?: _____

Caffeine use per day (caffeine is in coffee, tea, sodas, chocolate): _____

Nicotine use per day, past and present, (nicotine is in cigarettes, cigars, tobacco chew): _____

Family Structure and History Who lives in your current household? Please give relationship to each:

Current Marital or Relationship Satisfaction: _____

Significant Developmental Events Please include marriages, separations, divorces, deaths, traumatic events, losses, abuse, etc: _____

History of Past Marriages or Partnerships: _____

Mother's History Biological, Adoptive or Step?: _____ Age: _____ Outside work: _____

Education /School completed: _____

Learning problems?: _____ Behavior problems?: _____

Marriages: _____

Medical Problems: _____

Childhood atmosphere (family position, abuse, illnesses, etc): _____

Has mother ever sought psychiatric treatment?: Yes ___ No ___ If yes, for what purpose?: _____

Mother's alcohol/drug use history _____

Have any of your *biological* mother's blood relatives had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (please specify):

Father's History Biological, Adoptive or Step?: _____ Age: _____ Outside work: _____

Education /School completed: _____

Learning problems?: _____ Behavior problems?: _____

Marriages: _____

Medical Problems: _____

Childhood atmosphere (family position, abuse, illnesses, etc): _____

Has father ever sought psychiatric treatment?: Yes ___ No ___ If yes, for what purpose?: _____

Father's alcohol/drug use history _____

Have any of your *biological* father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (please specify):

Siblings (names, ages, problems, strengths, strength of relationship): _____

Children (names, ages, problems, strengths): _____

Cultural/Ethnic Background Please describe your ethnic and cultural background and any aspects that are currently an important part of your life: _____

Describe your relationships with friends _____

Describe yourself _____

Describe your strengths _____

