

Adult Identifying Data

Date: _____

Client's Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Home#: _____ Mobile #: _____

Birth Date: _____ Sex: _____ Age: _____ Email: _____

Employer/ School: _____ Phone: _____

Insurance Co: _____ Phone: _____

Name of Policy Holder: _____ Social Security #: _____

Other Members of Household:

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Client Referred By: _____

ADULT & ADOLESCENT DATA

Why did you come here today? _____

MEDICAL DATA

1. Your present state of health is: GOOD FAIR POOR
2. Do you have any medical problem(s)? NO YES
If you answered "yes," please indicate the nature of the problem(s): _____

3. When were you last treated by a physician? Date _____
Indicate where: Private Practice Clinic
Name of Physician or Clinic: _____
Address: _____

4. Do you have any medical problem(s)? NO YES
Indicate where: Private Practice Clinic
Name of Physician: _____
Address: _____

5. When did you receive your last physical? Date _____
Indicate where: Private Practice Clinic
Name of Physician or Clinic: _____
Address: _____

6. Are you presently taking any medications – prescribed over the counter? NO YES
If "yes" name the medication and how often taken: _____

7. I use (or have used) the following (check all that apply):

| | | | |
|--------------------------------------|---------------|---------------------------|-----------|
| Pep Pills or Uppers | NOW USE | USED IN LAST 48 HOURS.... | HAVE USED |
| Tranquilizers or Sedatives | NOW USE | USED IN LAST 48 HOURS.... | HAVE USED |
| Caffeine (coffee, tea, cola)..... | NOW USE | USED IN LAST 48 HOURS.... | HAVE USED |
| Marijuana | NOW USE | USED IN LAST 48 HOURS.... | HAVE USED |
| Nicotine (cigarettes, tobacco) | NOW USE | USED IN LAST 48 HOURS.... | HAVE USED |
| Diet Pills | NOW USE | USED IN LAST 48 HOURS.... | HAVE USED |
| LSD or other Hallucinogens..... | NOW USE | USED IN LAST 48 HOURS.... | HAVE USED |
| Cocaine or Crack | NOW USE | USED IN LAST 48 HOURS.... | HAVE USED |
| Huffed | NOW USE | USED IN LAST 48 HOURS.... | HAVE USED |

Other: _____

8. Please complete the following sentences, filling in the names of drugs used most often.

| | |
|-------------------------|-------------------------|
| I use _____ | I use _____ |
| Once per month | Once per month |
| More than once per week | More than once per week |
| Daily | Daily |
| Several times daily | Several times daily |

9. I use alcohol:

| | |
|----------------|-------------------------|
| Never | More than once per week |
| Once per week | Daily |
| Once per month | Several times daily |

10. Do you (or others) think you have a PROBLEM with any of the substances you checked above?

NO YES If "yes" please specify the substance (s) and state who thinks so: _____

11. Check any of the following which have happened to you when using alcohol, drugs or medications:

| | | | |
|--------------------------------------|--------------|-------------|-------------|
| I have lost conscience | ALCOHOL..... | DRUGS | MEDICATIONS |
| I did not know what happened | ALCOHOL..... | DRUGS | MEDICATIONS |
| I have had a fit or convulsion | ALCOHOL..... | DRUGS | MEDICATIONS |
| I have been hospitalized for..... | ALCOHOL..... | DRUGS | MEDICATIONS |
| I have been treated for | ALCOHOL..... | DRUGS | MEDICATIONS |

12. I have allergies: NO YES If "yes" please name the drug(s), food(s), or other substance(s) to which you are allergic: _____

13. List major illnesses, injuries and/or surgeries (state age and time): _____

14. Family health history (blood relatives only). Please check all of the following which have occurred in your family and identify which family member (s):

| | |
|-----------------|-------|
| Cancer | _____ |
| Tuberculosis | _____ |
| Diabetes | _____ |
| Heart Trouble | _____ |
| Stroke | _____ |
| Epilepsy | _____ |
| Alcoholism | _____ |
| High BP | _____ |
| Mental Illness | _____ |
| Suicide | _____ |
| Drug abuse | _____ |
| Sexual abuse | _____ |
| Physical abuse | _____ |
| Emotional abuse | _____ |

15. Did either parent die during your childhood or adolescence?—

NO

YES, my mother, when I was ____ years old.

YES, my father when I was ____ years old.

UNKNOWN

16. Check all persons with whom you lived while growing up, and indicate relationship with them at that time:

GOOD FAIR POOR

____ Natural mother

____ Natural father

____ Stepmother

____ Stepfather

____ Adoptive parents

____ Foster parents:

____ Brothers (list):

____ Sisters (list):

____ Other relatives:

____ Institution: _____

17. As a child were you abused? NO YES if "yes," I was:

Physically abused

Emotionally abused

Sexually abused

By whom? _____

18. Check any of the following which describe the atmosphere in your home when you were a child:

Trusting

Happy

Quarreling

Unhappy

Rigid

Understanding

Loving

Secure

Insecure

Cold

Casual

Other

19. When you were growing up, did you participate in school activities, church activities or clubs?

Yes, many

Yes, a few

None

20. Check any of the following which describe you as a child:

- | | | | | |
|---------------|-----------------|--------------------|--------------|-------------|
| Nightmares | Temper Tantrums | Bed-wetting | Nail Biting | Insomnia |
| Thumb-sucking | Speech problems | Stealing | Fire-setting | Daydreaming |
| Running away | Lying | Cruelty to animals | Bullying | Loneliness |
| Picked on | Sleepwalking | Head-banging | | |

21. List the people you NOW live with, and check the box which best describes your relationship with them:

| <u>NAME</u> | <u>RELATIONSHIP</u> | <u>GOOD</u> | <u>FAIR</u> | <u>POOR</u> |
|-------------|---------------------|-------------|-------------|-------------|
| _____ | _____ | | | |
| _____ | _____ | | | |
| _____ | _____ | | | |
| _____ | _____ | | | |
| _____ | _____ | | | |

22. List your family members who NO LONGER LIVE WITH YOU and check the box which best describes your relationship with them:

| <u>NAME</u> | <u>RELATIONSHIP</u> | <u>GOOD</u> | <u>FAIR</u> | <u>POOR</u> |
|-------------|---------------------|-------------|-------------|-------------|
| _____ | _____ | | | |
| _____ | _____ | | | |
| _____ | _____ | | | |
| _____ | _____ | | | |
| _____ | _____ | | | |

23. I began going on dates when I was _____ years old.

24. I became interested in sex:

- | | | | | |
|---------------|--------------|-----------------|------------------|-----------------|
| Before age 12 | After age 20 | Between 12 & 16 | Never interested | Between 16 & 20 |
|---------------|--------------|-----------------|------------------|-----------------|

25. I would classify myself sexually as:

- | | |
|------------------------------------|------------------------------|
| Heterosexual (prefer opposite sex) | Bisexual (prefer either sex) |
| Homosexual (prefer same sex) | Other (please specify) |

26. Before I got married, I dated or was interested in:

- | | |
|------------------|------------------------|
| Many boys/girls | Only the one I married |
| A few boys/girls | Had not dated at all |

27. I have:

- | | |
|------------------------|------------------------------|
| Never been married | Been married 2 times |
| Been married only once | Been married 3 times or more |

28. I am now (Check all that apply):

- | | | | | |
|----------------------------------|--------------|--------------------|---------------------|-------------------------------------|
| Married | Separated | Divorced | Widowed | Living with partner but not married |
| Living with a homosexual partner | Living alone | Living with family | Living with friends | |

29. My relationship with my current spouse or partner is:

Excellent Good Poor Very Poor

30. I now have:

No close friends Only one close friend (same sex) Only one close friend (opposite sex)
Several close friends (same sex) Several close friends (opposite sex)
Several close friends (both sexes)

31. I belong to:

No church, club or other social group One group (church, club or other organization)

Several groups (specify) _____

32. I get together with friends or others socially:

Never Seldom Fairly often (1 time weekly) Very often

33. In the past year, I have engaged in the following activities:

Reading Dancing Writing Bowling Listening to music
Jogging Watching TV Gardening Painting Shooting pool
Drinking Movies Playing cards Betting Swimming
Fishing Playing musical instruments Working on cars Watching sports events

34. Other leisure activities I enjoy are: _____

35. Have you been:

1. Arrested NO YES DATES: _____

2. Convicted NO YES DATES: _____

3. On probation NO YES DATES: _____

4. On parole NO YES DATES: _____

Explain: _____

36. If you have one, who is your probation or parole officer? _____

37. Explain any legal problems you have: _____

38. Do you have an attorney? NO YES
Name: _____
Address: _____

EMPLOYMENT HISTORY

39. If presently employed, indicate the degree of satisfaction with your job:
Highly satisfied Satisfied Dissatisfied
Explain: _____

40. If "dissatisfied" are you looking for other employment? NO YES

41. Length of employment, Current Job:
Less than 3 months 4-6 months 7 months – 1 year
More than 1 year, less than 5 years More than 5 years

42. Number of jobs 24 months, prior to today: _____

43. Relationship to your supervisor: GOOD FAIR POOR

44. Relationship to your co-workers: GOOD FAIR POOR

45. Did you ever serve in the military? NO YES
Branch of service and Rank: _____
From: _____ To: _____

46. For adolescents: If I could do any kind of work I would be a/an: _____

