

Adult Health History

Thank you for taking the time to complete this form. Please use another sheet of paper if more space is needed.

Client's name

Occupation/Year in School

Age

Employer/School

How did you get referred to me?

Medical History: *please give details and note if current, or your age at time*

Childhood medical problems?

Operations? Hospitalizations? (please include childbirth

Illnesses or chronic conditions requiring medical treatment?

Sexual problems?

Substance abuse problems?

Suicidal thoughts/attempts?

Family History:

Have other family members sought psychotherapy treatment

Other family members with mental health/substance abuse problems?

Social History:

Do you live alone, if not with whom do you live?

Do you have children? What are their ages? Where do they live?

Have there been traumatic events in your life? (deaths, accidents, separations, etc.)

Have you been in psychotherapy before? If so please give details?

Present Concerns:

How do you hope psychotherapy will help you?

What are your goals or specific problems you would like to work on?

What is the history of these concerns?

What strengths do you see in yourself?

Current Physical status:

Height? _____ Weight? _____
Any change in weight? Gain? _____ Loss? _____ #lbs
Appetite Changes? More than usual? _____ Less than usual?
If so, please describe:

Sleep changes? More than usual? _____ Less than
usual? If so, please describe:

Substance use? Y N If More than usual? _____ Less than usual?
so, please describe:

Current illness?

Current Stressors

_____ Separation/Divorce _____ Unemployment
_____ Illness _____ School Problems
_____ Death in family _____ Family Conflict
_____ Other:

In the event of an emergency, whom may I contact?

Name _____

Relationship _____

Address _____

Home/Cell _____

Work Phone _____

Please share anything else that might
be helpful