

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 _____

- ☐ Once per month
- ☐ More than once per week
- ☐ Daily
- ☐ Several times daily

I use _____

- ☐ Once per month
- ☐ More than once per week
- ☐ Daily
- ☐ Several times daily

9. I use alcohol:

- ☐ Never
- ☐ Once per week
- ☐ Once per month

- ☐ More than once per week
- ☐ Daily
- ☐ 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:

	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
____ Natural mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Natural father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Foster parents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Brothers (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Sisters (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Other relatives:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Institution: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

- | | | | | | |
|-----------------------------------|---------------------------------|-------------------------------------|----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Trusting | <input type="checkbox"/> Happy | <input type="checkbox"/> Quarreling | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Rigid | <input type="checkbox"/> Understanding |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Secure | <input type="checkbox"/> Insecure | <input type="checkbox"/> Cold | <input type="checkbox"/> Casual | <input type="checkbox"/> 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:

- | | | | | |
|--|--|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Nail Biting | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Thumb-sucking | <input type="checkbox"/> Speech problems | <input type="checkbox"/> Stealing | <input type="checkbox"/> Fire-setting | <input type="checkbox"/> Daydreaming |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Lying | <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Bullying | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Picked on | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> 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>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

<input type="checkbox"/> Reading	<input type="checkbox"/> Dancing	<input type="checkbox"/> Writing	<input type="checkbox"/> Bowling	<input type="checkbox"/> Listening to music
<input type="checkbox"/> Jogging	<input type="checkbox"/> Watching TV	<input type="checkbox"/> Gardening	<input type="checkbox"/> Painting	<input type="checkbox"/> Shooting pool
<input type="checkbox"/> Drinking	<input type="checkbox"/> Movies	<input type="checkbox"/> Playing cards	<input type="checkbox"/> Betting	<input type="checkbox"/> Swimming
<input type="checkbox"/> Fishing	<input type="checkbox"/> Playing musical instruments	<input type="checkbox"/> Working on cars	<input type="checkbox"/> 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: _____

