



## ADULT PERSONAL HISTORY

Please take your time in providing the following information. The questions are designed to help me begin to understand you so that our time together can be as productive as possible. All information provided is confidential.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Chart Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Please describe what you have tried in the past to cope with the issues and what were the results?

<b>Family History</b>
-----------------------

	Name	Date of Birth	Date of Death	Occupation	Education
<b>Father</b>					
<b>Mother</b>					

Were your parents:

Legally Married     Never legally Married     Separated     Divorced, When\_\_

Were you raised by your parents? If not, please describe:

Were you adopted:

Yes     No

How many siblings do you have? \_\_\_\_\_

Name of Sibling	Age	Sex	Marital Status	Occupation	Education



# NEUROBLOOM

PSYCHOLOGICAL CLINIC


Please check the following items that best describe your childhood:

- Happy     Sad     Confusing  
 Boring     Loving     Exciting  
 Lonely     Painful     Cannot remember much

Please describe your overall impression of family life:

Marital Status:

- Married     Divorced     Single  
 Engaged     Separated     Divorced

If married, number of years: \_\_\_\_\_; If engaged, length of engagement: \_\_\_\_\_

Any previous marriages?

Current Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: \_\_\_\_\_ How many children do you have? \_\_\_\_\_

Name of Child	Age	Sex	Marital Status	Occupation	Education	At Home?

Please describe your overall impression of your current family life:

Has any family member ever been treated for emotional or substance abuse problems or was any family member ever suspected of having emotional or substance abuse problems? If Yes, please explain:



# NEUROBLOOM

PSYCHOLOGICAL CLINIC

## Physical History

**Do you have a regular Physician?** If Yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Date of your last physical examination:** \_\_\_\_\_ Reason: \_\_\_\_\_

Results: \_\_\_\_\_

**Date you were last treated by a physician:** \_\_\_\_\_ Reason: \_\_\_\_\_

Results: \_\_\_\_\_

### Past Hospitalizations:

Where	When	Reason

**List your current prescribed medications and dosages:**

Medication	Dosage/Frequency

**Do you regularly take non-prescription drugs? If Yes,**

Medication	Dosage/Frequency

**Do you experience any side effects to medication?** If so, what medications and side effects?

**Do you have any allergies?** If Yes, please describe:

**Do you have any physical handicaps?** If Yes, please describe:

**Are you being treated for any illnesses or medical problems?** If Yes, please describe:

**Describe your general health:**



# NEUROBLOOM

PSYCHOLOGICAL CLINIC

**Psychological History**

**Previous Mental Health Treatment, if any:**

Facility/Name of Clinic	Dates	Other Information

**Do you currently have thoughts of harming yourself?**

Yes                       No                       In the Past

If so, please explain:

**Do you currently have thoughts of harming others?**

Yes                       No                       In the Past

If so, please explain:

**Has there been any significant changes in your life that trouble you?**



# NEUROBLOOM

PSYCHOLOGICAL CLINIC

## Social History

**Do you consider yourself religious?**

Yes  No

If Yes, what religion? \_\_\_\_\_

**Do you have close friends?**

Yes  No

If No, please explain: \_\_\_\_\_

**Are there any friends or family members that are available for support to you if needed?**

Yes  No

If Yes, Who? \_\_\_\_\_

If No, Why? \_\_\_\_\_

**How many people do you live with? \_\_\_\_\_**

Name	Relationship

**Describe your financial situation:**

## Educational History

**Highest Grade Completed:** \_\_\_\_ **Are you currently in school?** \_\_\_\_ **If so, Where** \_\_\_\_\_

**What are you studying?** \_\_\_\_\_

**Previous Education:**

Name of School	Major	Attendance Dates	Graduate(Y/N)

**Previous Vocational Training:**

Name of School	Major	Attendance Dates	Graduate(Y/N)



# NEUROBLOOM

PSYCHOLOGICAL CLINIC

--	--	--	--

## Vocational/Employment History

Are you presently employed:\_\_\_\_\_ If so, Where?\_\_\_\_\_

How long?\_\_\_\_\_ Position: \_\_\_\_\_ Full Time or Part time?\_\_\_\_\_

Responsibilities?\_\_\_\_\_

How many days have you missed in the last 2 months?\_\_\_\_\_ Why? \_\_\_\_\_

Level of job satisfaction:

Very Good    Good    Average    Below Average    Bad    Very Bad

Relationship with Co-Workers:

Very Good    Good    Average    Below Average    Bad    Very Bad

Relationship with Supervisors:

Very Good    Good    Average    Below Average    Bad    Very Bad

Have you served in the military?\_\_\_\_\_ If so, what branch?\_\_\_\_\_

Date entered:\_\_\_\_\_ Date Discharged: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Briefly explain your employment history:

## Legal History

Do you have any current or past involvement with the court system?

Yes    No

If Yes, please explain:

## Substance Use/Abuse History

Do you use tobacco?\_\_\_\_\_ If Yes, what kind: \_\_\_\_\_ How much?\_\_\_\_\_



# NEUROBLOOM

PSYCHOLOGICAL CLINIC

Do you use alcohol? \_\_\_ If so, when did you have your last drink? \_\_\_\_\_

How much? \_\_\_ Type: \_\_\_\_\_

Type of beverage preferred:

Beer     Wine     Liquor

Have you had a drink in the last 48 hours? \_\_\_\_\_

Briefly describe your drinking history?

Do you use other drugs? \_\_\_ If Yes, time of last use? \_\_\_ Type: \_\_\_ Amount: \_\_\_\_\_

How long have you used this drug(s)? \_\_\_\_\_

Type of drug(s) preferred: \_\_\_\_\_

Do you use alcohol and drugs in combination? \_\_\_\_\_

Have you ever been treated for drug and/or alcohol problems? \_\_\_\_\_

If Yes, When? \_\_\_\_\_

Where? \_\_\_\_\_ What was the result? \_\_\_\_\_

Please complete the following:

Never	Past	Now	
			I frequently (once or twice a day) find my conversation centers on drugs or alcohol
			I drink to get high to deal with tension or physical stress
			Most of my friends or acquaintances are people I drink or get high with
			I have lost days of work(school) because of using drugs or drinking
			I have had the shakes when I drink upon awakening, before eating or while at work/school
			I have been arrested for driving under the influence of substances
			I have periods of time that can't be remembered (i.e. blackouts)
			Family members think drinking or other drug use is a problem for me
			I have tried to quit using substances but cannot
			I often double up and/or gulp drinks or regularly use more drugs than others at parties
			I often drink or take drugs to "get ready" for a social occasion
			I regularly hide alcohol/drugs from those close to me so that they will not know how much I am using
			I often drink by myself
			My drinking/drug use has led to conflict with my friends or family members

**Sexuality**



# NEUROBLOOM

PSYCHOLOGICAL CLINIC

**Are there any areas of your sexuality with which you are not comfortable?**

Yes  No

If Yes, please explain:

**Please check all that apply:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sexually Active now         | <input type="checkbox"/> Have had unprotected sex          | <input type="checkbox"/> Diagnosed with a sex transmitted disease                           |
| <input type="checkbox"/> Sexually active in the past | <input type="checkbox"/> Have answered questions about sex | <input type="checkbox"/> Have questions regarding HIV/AIDS or other sex transmitted disease |
| <input type="checkbox"/> Use Birth control           | <input type="checkbox"/> Other _____                       |   |

<b>Abilities</b>
------------------

**What are your strengths?**

**What are your hobbies/special interests?**

**What are your weaknesses?**

Client Signature (of person completing this form) \_\_\_\_\_ Date: \_\_\_\_\_

Reviewing Therapist's Comments:

Reviewing Therapist Signature/Credentials: \_\_\_\_\_

Date: \_\_\_\_\_