

Adult Health and Psychosocial History Questionnaire

Name _____ Today's Date _____

Date of Birth _____ Age _____

Reason for seeking treatment: _____

Goals you'd like to achieve in treatment: _____

Past/Current Medical/Emotional Conditions (Please include any current diagnoses):

Primary Care Physician _____ Phone () _____

Address _____

Psychiatrist _____ Phone () _____

Address _____

May we contact your physician/psychiatrist about your care (circle)? YES NO

Medication	Dosage	Frequency	Prescribing Doctor	Side Effects

Yes	No	Previous Treatment	Facility	Dates
		Have you ever received outpatient treatment for Mental Health issues?		
		Have you ever received inpatient or partial hospitalization for Mental Health issues?		
		Have you ever received outpatient treatment for Alcohol/Drug problems?		
		Have you ever received inpatient or partial hospitalization for alcohol or drug problems?		

Current Social, Family and Environmental Stressors (Please circle):

Abuse: Emotional, Physical, Sexual	Employment Change/Difficulties	Miscarriage
Birth, Adoption, Foster child	Family Relation Conflicts	School Difficulties
Career Transition	Financial/Legal	Separation
Death of a loved one	Illness	Trauma
Drug/Alcohol Abuse	Marriage/Marital Difficulties	Other: _____

Relationships

Are you currently in a relationship with a significant other? YES NO I'd rather not answer

Do you have any children currently living with you? YES NO

Who currently lives in your household at this time? (names/ages/relationship) _____

Employment/Education

Occupation _____ Employer/School: _____

Social and Leisure Activities

Identify exercise, interests, leisure/recreational activities that you participate in: _____

Spirituality

Do you have a religious preference? YES NO

Is your spiritual belief system part of your support system? YES NO

Do you have any spiritual concerns you would like to address in therapy? YES NO

If yes, please explain: _____

Cultural

Are there any cultural expectations, values or pressures causing conflicts in your life? YES NO

If yes, please explain: _____

Client Signature _____ Date _____