

# SUN PRAIRIE PSYCHOLOGICAL SERVICES

ADULT HISTORY FORM

Date \_\_\_\_\_

Client \_\_\_\_\_ Male/Female DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Time at current job \_\_\_\_\_ Work history \_\_\_\_\_

Educational background/degrees \_\_\_\_\_

Relationship Status \_\_\_\_\_ Name of Partner/Spouse \_\_\_\_\_

Relationship History \_\_\_\_\_

Children (names and ages) \_\_\_\_\_

Placement/custody (if applicable) \_\_\_\_\_

Please describe any legal problems \_\_\_\_\_

## Family

Name

Age

Occupation/Employer

Father \_\_\_\_\_

Mother \_\_\_\_\_

Brothers \_\_\_\_\_

Sisters \_\_\_\_\_

Parents' marital status \_\_\_\_\_

Any step-parents or step-siblings? \_\_\_\_\_

Any history of trauma or abuse? \_\_\_\_\_

Drug or alcohol problems in family \_\_\_\_\_

Mental health history in family \_\_\_\_\_

Health and Mental Health History

Primary Care Physician \_\_\_\_\_ Clinic \_\_\_\_\_

Current and past health conditions \_\_\_\_\_

\_\_\_\_\_

Current medications \_\_\_\_\_

\_\_\_\_\_

Name of psychiatrist/prescribing physician \_\_\_\_\_

How much do you use alcohol and/or drugs? \_\_\_\_\_

Previous mental health contact (age, reason, outcome) \_\_\_\_\_

\_\_\_\_\_

Previous psychiatric hospitalizations \_\_\_\_\_

Any history of harming self or others \_\_\_\_\_

Any current safety or suicide risk \_\_\_\_\_

Treatment Needs and Goals

Please describe your current concerns and reasons for seeking therapy \_\_\_\_\_

\_\_\_\_\_

Please list your strengths and coping resources \_\_\_\_\_

\_\_\_\_\_

What changes and goals are you seeking from therapy? \_\_\_\_\_

\_\_\_\_\_