

Adult Information Form

A. Identification

Name: _____ Date: _____
Address _____
Date of Birth _____
Emergency Contact _____

B. Chief concern

Please describe the main difficulty that has brought you to see me:

C. Treatment

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No Yes If yes, please indicate:

When? From whom? For what? With what results? _____

2. Have you ever taken medications for psychiatric or emotional problems ? No Yes If yes, please indicate:

When? From whom? Which medications? For what? With what results? _____

D. Relationships in your family of origin.

Please describe the following:

1. Your parents' relationship with each other:

2. Your relationship with each parent and with any other adults present:

3. Your parents' medical problems, drug or alcohol use, and mental or emotional difficulties:

4. Your relationship with your brothers and sisters, in the past and present:

E. Abuse history:

I was not abused in any way. I was abused.

If you were abused, please indicate the following. For kind of abuse, use these letters: P = Physical, such as beatings.

S = Sexual, such as touching/molesting, fondling, or intercourse. N = Neglect, such as failure to feed, shelter, or protect.

E = Emotional, such as humiliation, etc.

Your Kind of Consequences

age abuse By whom? Effects on you? Whom did you tell? of telling? _____

F. Present relationships

1. How do you get along with your present spouse or partner?

2. How do you get along with your children?

3. Your important friends, past and present:

Names Good parts of relationship Bad parts of relationship

G. Chemical Use

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them and their effects, and so forth:

H. Legal history

1. Are you presently suing anyone or thinking of suing anyone? No Yes. If yes, please explain:

2. Is your reason for coming to see me related to an accident or injury? No Yes If yes, please explain:

3. Are you required by a court, the police, or a probation/parole officer to have this appointment? No Yes. If yes, please explain:

4. List all the contacts with the police, courts, and jails/prisons you have had. Include all open charges and pending ones.

Under "Jurisdiction," write in a letter: F = federal, S = state, Co = county, Ci = city.

Under "Sentence," write in the time and the type of sentence you served or have to serve (AR = accelerated or alternate

resolution, CS = community service, F = fine, I = incarceration, Pr = probation, Po = parole, O = other, R = restitution).

Jurisdiction Sentence Probation/parole

Date Charge(s) (F, S, C, Ci) (AR, I, Pr, Pa) officer's name Your attorney's name

5. Your current attorney's name: _____ Phone: _____

6. Are there any other legal involvements I should know about?

Risk Assessment For Adults:

SUICIDE/HOMICIDE

Have you ever had or do you have? Check all that apply.

	<u>Past</u>	<u>Now</u>
Thoughts of hurting yourself?	_____	_____
Thoughts of committing suicide?	_____	_____
Plans to commit suicide?	_____	_____
Attempts to commit suicide?	_____	_____
Threats to commit suicide?	_____	_____
Thoughts of harming someone?	_____	_____
Plans to harm someone?	_____	_____
Attempts to harm someone?	_____	_____
Threats to harm someone?	_____	_____
Actually harmed someone?	_____	_____

DEPRESSION

Have you ever or do you now have? Check all that apply.

	<u>Past</u>	<u>Now</u>
Inability to sleep or sleeping longer?	_____	_____
Increased or decreased appetite?	_____	_____
Tearfulness or feelings of despair?	_____	_____
Lack of energy or feelings of fatigue?	_____	_____
Preoccupation with life events?	_____	_____
Decreased contact with others?	_____	_____
Feelings of depression?	_____	_____
Decreased interest in pleasurable activities	_____	_____

Other

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper:
