

**Adult Questionnaire**

DATE:

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Last Name

First Name

Date of Birth

Age

***Why are you seeking help?***

***When did the difficulty begin?***

***What makes it worse?***

***Does anything make it better?***

***What evaluation and/or treatment have you had in the past?***

**MEDICATIONS USED (and results):**

**PAST AND CURRENT TREATERS (include the year; do your best, this doesn't have to be completely accurate):**

**FAMILY HISTORY: (include name, mental health history and any medical problems)**

***Biological Father***

*HIS EDUCATION and OCCUPATION*

PATERNAL FAMILY MEMBERS WITH MENTAL HEALTH OR SUBSTANCE ABUSE PROBLEMS

SUICIDE ATTEMPTS:

***Biological Mother***

*HER EDUCATION and OCCUPATION*

MATERNAL FAMILY WITH MENTAL HEALTH OR SUBSTANCE ABUSE PROBLEMS

SUICIDE ATTEMPTS:

**CURRENT HOUSEHOLD:**

***Adult Members:***

***Children (list names and ages and how they are doing)***

Name	Age	School Performance	Mental health history

***Your Education and Occupation:***

***Your Developmental History***

BORN AND RAISED:

WERE PARENTS MARRIED? DIVORCED?

HOW MANY BROTHERS AND SISTER? WHAT NUMBER WERE YOU (ex: 1st of 3, or 3rd of 4, etc)?

***Any History of Physical or Sexual Abuse?***

***Any Legal Problems?***

***Any Financial Problems?***

**MEDICAL HISTORY:**

CURRENT PHYSICIAN/LAST APPOINTMENT

CURRENT PROBLEMS AND MEDICATION TREATMENTS:

ALLERGIES (BE SURE TO INCLUDE MEDICATION ALLERGIES)

*Please use this space to tell me anything more that you think would be helpful for me to know yourself:*

