

ADULT HISTORY QUESTIONNAIRE

The purpose of the questionnaire is to obtain a comprehensive picture of who you are. Please complete this form with as much detail as possible. It is understandable that you may be concerned about what happens to this information. Your answers will be considered strictly confidential and no outsider will be allowed to see your answers without your permission. Thank you for taking the time to complete this form.

A. DEMOGRAPHICS

NAME: _____ DATE: _____
ADDRESS: _____ AGE: _____

DATE OF BIRTH: _____
PHONE: _____ EMAIL: _____
MARITAL STATUS: _____ GENDER: _____
HANDEDNESS: _____ HEIGHT: _____ WEIGHT: _____

REASON FOR APPOINTMENT (Please tell us why you came to see us): _____

B. DEVELOPMENTAL HISTORY

PLACE OF BIRTH: _____ WEIGHT AT BIRTH: _____
BIRTH COMPLICATIONS (check if applicable):
_____ Low birth weight _____ Premature
_____ Oxygen Deprivation _____ Deformity (Specify: _____)
_____ Jaundice _____ Illness (Specify: _____)

Mother's condition during pregnancy (as far as you know): _____

DEVELOPMENTAL MILESTONES (approximate age in months):

_____ Turned from back to stomach _____ Talked
_____ Sat alone without support _____ Walked
_____ Stood alone _____ Potty trained

CHILDHOOD DISEASES/SURGERIES (check all that apply with approximate ages):

_____ Measles _____ Mumps _____ Chicken Pox
_____ Polio _____ Lost Consciousness _____ Seizure
_____ Concussion _____ Oxygen deprivation _____ Tonsillectomy
_____ Convulsions _____ Accidental poisoning _____ Encephalitis
_____ Appendectomy _____ Meningitis _____ High Fever
_____ Cerebral palsy _____ Pneumonia _____ Allergies
_____ Asthma/Bronchitis _____ Cuts with stitches _____ Cancer
_____ Broken bones _____ Other: _____

C. EDUCATIONAL HISTORY (Complete those that apply):

	<u>Average Grades</u>	<u>Dates Attended</u>	<u>Graduated?</u>
Elementary	_____	_____	_____
High School	_____	_____	_____
College/Post Graduate	_____	_____	_____
Tech/Vocational	_____	_____	_____

Special education or tutoring (nature of help and grades): _____

If you quit school prior to graduating high school, what were the reasons: _____

Did you later obtain a GED, and if so when: _____

Special vocational training (including military): _____

If college,

Major: _____ School: _____

Degree(s): _____ Graduated: _____

Parents' education and occupations: _____

D. OCCUPATIONAL HISTORY

Service dates	Company	Job Title/Description	Reason left

Military Service: YES NO NOT APPLICABLE

If yes, years of service: _____

Service/Discharge Rank: _____

Are you currently, working: YES NO

If not, then why and for how long out of work: _____

If you are not currently working, how do you spend your time? _____

Current income and sources: _____

Does your spouse work: YES NO NOT APPLICABLE

If yes, spouse's occupation: _____

E. SOCIAL HISTORY

Marriage(s): Please list marriages, length, and reasons for ending (e.g., divorce, death, etc.):

Children: (Please list your children, ages, where they live and what they do):

Please list the people who currently live in your home and their relationship to you:

Name	Relationship to you (e.g., mother-in-law, daughter, etc.)
_____	_____
_____	_____
_____	_____

F. MEDICAL HISTORY

Current Medical Problems. What are your present medical problems? _____

Prior hospitalizations (when and where?): _____

Medical Tests (when and what were the findings, if known):

- _____ Angiogram (heart or head): _____
- _____ Brain scan (CT, MRI, PET): _____
- _____ EEG: _____
- _____ X-rays (head or spine): _____
- _____ Spinal Tap: _____
- _____ Neurological office exam: _____
- _____ Other: _____

Medications (please include prescribed and over-the-counter, and dose level if you know it):

Have you ever seen a psychologist, psychiatrist, social worker, (or other mental health professional), for an emotional problem? If yes, please complete the following:

Date(s): _____
Please explain: _____

Current stressors (i.e., emotional, physical, financial, marital, work-related, etc.): _____

Has anyone in your family ever been treated or hospitalized for a psychological/psychiatric reason? If yes, please explain: _____

G. SUBSTANCE USE HISTORY

Please estimate the type and amount of alcohol you drink weekly:

Beer: _____ Wine: _____ Liquor: _____

Have you ever been told that you have an alcohol problem? If yes, please explain: _____

Do you now smoke: YES NO QUIT

If yes, what do you smoke, how much per day and for how long?

_____ Cigarettes _____
_____ Pipe _____
_____ Cigar _____
_____ Chewing _____

If you quit, when did you quit? _____

Have you ever used street drugs: YES NO

If yes, then what type(s): _____

Have you ever been dependent on alcohol, medication, and/or street drugs? If yes, explain: _____

H. OTHER

In the space remaining, please briefly describe who you are as a person and how we might help you reach your potential:

Thank you for completing this questionnaire