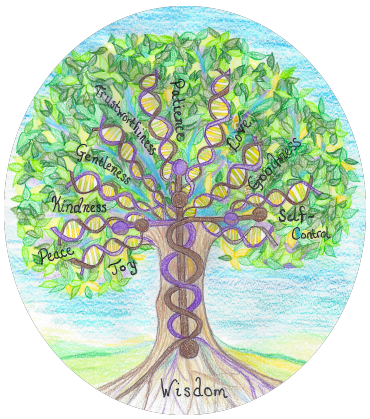

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Adult Information Sheet

Name _____ **Age** _____ **Date of Birth** _____

Address _____

☐ **Home Phone** _____ ☐ **Cell/Work** _____

Relationship Status (Circle)

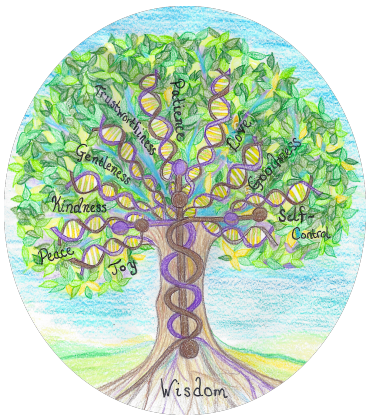
Never Married Married Partnered Divorced Separated Widow/Widower

How did you hear about this practice? Who referred you? _____

_____

Please list anyone living with you.

Name	Age	Relationship to You	Occupation



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Briefly describe what brings you in: _____

_____

SOCIAL HISTORY

Highest Level of Education Attained: _____

Current Occupation/Job Title: _____

Employer: _____ **# of years employed here:** _____

Please describe your spiritual/religious affiliation: _____

MENTAL HEALTH BACKGROUND

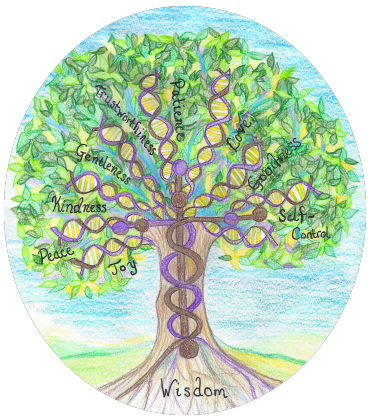
At this time, have you ever had thoughts to harm yourself or end your life? **YES** **NO**

Have you ever attempted suicide or intentionally harmed yourself? **YES** **NO**

Have you ever had thoughts to harm other people? **YES** **NO**

Please list any previous mental health treatment and/or substance abuse treatment.

Treatment Dates	Name of Provider/Agency	Reason for Treatment	Treatment Success



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LEGAL HISTORY

Have you ever been arrested? **YES** **NO**

Have you ever been arrested for a DUI/DWI? **YES** **NO**

Have you ever been in prison? **YES** **NO**

Are you currently involved in any litigation or legal matters? **YES** **NO**

If you answered yes to any of the above, please describe. _____

_____

_____

MEDICAL HISTORY

Name of Primary Care Physician or Provider (address/phone #): _____

_____

How would you describe your physical health? (Circle)

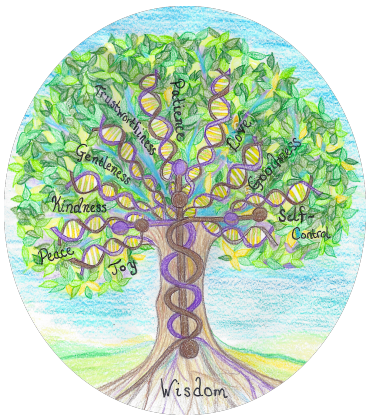
Excellent Good Average Poor Very Poor

List any medical conditions you have: _____

_____

List any prescription and over-the-counter medications you are taking

Medication/Drug	Dose/Frequency	When started	For what symptoms



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Do you have any allergies or sensitivities to drugs, food, or other substances? YES NO

Do you smoke or use other tobacco products? YES NO

Do you drink alcohol? YES NO

Do you use recreational drugs (marijuana, cocaine, or other drugs)? YES NO

If there is any other information that you believe would be helpful for me to know, please describe below:

_____

_____

_____

_____

_____

_____

_____