

DEBBIE GROSS, LCSW, Ltd.

3255 N. Arlington Heights Road • Suite 502 • Arlington Heights, IL 60004

Phone: (847) 253-5352 • Website: www.debbiegrosstherapy.com

ADULT HISTORY FORM

Welcome to my practice! You have taken the first step towards finding better ways to cope, experiencing life in a more fulfilling manner, and building on strengths while minimizing weaknesses. Together, we are embarking on a journey that will help educate your mind and heal your heart.

Please fill out this history form so I may learn more about you in order to help you best.

Date: _____

Name: _____ Age: _____

Relationships Status: Single Married Divorced Widowed

Children:	Name	Age
	_____	_____
	_____	_____
	_____	_____
	_____	_____

How were you referred to me? _____

What brought you into counseling now? _____

What are your counseling goals? _____

Have you had any previous counseling? Yes No

If yes, please list therapists' names: _____

List current medications: _____

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Do you or a family member have a history of any of the following?

	You?	Family Member?
Abuse (Physical, Sexual, Verbal)	<input type="checkbox"/>	<input type="checkbox"/>
Arrest/Legal Issues	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Misuse	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
Medical Condition	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>
Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal Intention	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any checked boxes here, including relevant dates:

Do you have any additional information you feel would be important for me to know?
