Adult Form
Background Information
(Please Print)

Date:_____

Name:_____
Last First MI

Address:_____City:_____

State:_____ Zip:_____

Phone:_____(cell) _____(home)

Email for billing:_____

Sex: _____ Date of Birth:_____

Marital Status: _____

School:_____

Employer:_____Occupation:_____

Business Address:_____ Work phone:_____

In case of emergency, who should be notified?_____
Phone:_____ Relationship to client_____

Who currently lives in your home? Please list.
_____
_____

Please describe your present concerns or difficulties.

What would you like to see change as a result of your work in therapy?

Have you sought therapy in the past? If so, please list approximate dates, locations, provider and reason. Please describe how that was/ wasn't helpful.

Please list any known mental health and or substance abuse concerns or problems in your family history.

Please list any past or current significant health/medical issues, illnesses, or treatments.

Please list any medications you are currently taking.

Please help me understand your current and recent symptoms.
(Check all that apply, describe in detail at bottom of list).

- ☐ Appetite/Weight changes
- ☐ Not eating, binge eating or purging
- ☐ General Eating/Body Image concerns
- ☐ Memory Problems
- ☐ Concentration Problems
- ☐ Crying Episodes
- ☐ Increased Irritability
- ☐ Depressed Mood (feeling sad/down?)
- ☐ Social Withdrawal
- ☐ Changes in Energy Level
- ☐ Manic Episodes (feeling elevated, needing less sleep, spending…)
- ☐ Panic Attacks
- ☐ Unusual Behaviors/rituals/Habits
- ☐ Obsessive Thoughts
- ☐ Anxiety/Worry
- ☐ Cutting or Self-Injurious Behavior
- ☐ Alcohol/Drug use/abuse
- ☐ Thoughts of Harming Self/Others
- ☐ Past Attempts of Self Harm
- ☐ Recent Loss
- ☐ Feeling Excessively Guilty
- ☐ Recurrent Thoughts of Death
- ☐ Decreased Interest or Pleasure in Activities
- ☐ Sleep Problems (can't, oversleep, interrupted sleep)
- ☐ Decreased Need for Sleep
- ☐ Feelings of Worthlessness
- ☐ Difficulty Making Decisions
- ☐ Feeling Restless
- ☐ Feeling Slowed Down
- ☐ Racing Thoughts
- ☐ Distractibility
- ☐ More Talkative/Pressure to keep talking

Are there any other symptoms that are bothering you that I have not asked about here?

_____

_____