



ADULT HISTORY & BACKGROUND QUESTIONNAIRE

Please answer all of the questions below to the best of your ability to help with your first appointment. If you have any questions or problems with the form, please discuss with your clinician.

BASIC INFORMATION

Your Name: _____

Date Today: _____

Phone Number: _____ Email address: _____

Who referred you to In Step? _____

Sex: Male Female Date of Birth: _____

Marital Status: Single Married Divorced

If married, how many times?

How long did the marriage(s) last?

Occupation:

Current Employment:

Highest Level of Education: GED High School College Graduate School

Field of Study:

Military Service:

Religious Affiliation:

REASON FOR SEEKING TREATMENT:

How long has this problem existed: 1-3 mo 6-12 mo 1-2 yrs 3+ yrs

Prior therapy: Yes No

If Yes: What was the duration? Brief Long term

In what environment?

One-on-one sessions Group sessions Day tx Hospital Setting

Did you find therapy helpful? Yes No



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Have you ever been diagnosed with:

Depression

ADHD

Anxiety

Learning Disabilities

Bi-polar Mood Disorder

Autism Spectrum Disorder

Substance Abuse/Alcoholism

Other mental health diagnosis

Are you aware of any family history of any of the above? If so, please describe:

Are you on any medications at this time?

Yes

No

If Yes, please list:

Have you ever been hospitalized?

Yes

No

If Yes, please explain:

Please list any chronic health conditions:

HOUSEHOLD INFORMATION

Please list all those that live at home below:

Adults:

	Name	Age	Relationship	History of emotional and/or learning difficulties
1.				
2.				
3.				
4.				



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Children:

	Name	Age	Relationship	History of emotional and/or learning difficulties
1.				
2.				
3.				
4.				
5.				
6.				

Do you have children who do not live with you? Yes No

If Yes, please provide the name(s) and age(s):

	Name	Age
1.		
2.		

Have there been deaths in your family or among your friends? Yes No

If yes:

	Who	When
1.		
2.		

Have you moved recently: Yes No

If Yes:

When	Why

Have you moved often? If Yes, please explain:



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WORK HISTORY FOR PAST 10 YEARS

1.	Employer	Position	Start Date	End Date
Reason for Leaving:				

2.	Employer	Position	Start Date	End Date
Reason for Leaving:				

3.	Employer	Position	Start Date	End Date
Reason for Leaving:				

Additional notes or employers:



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SYMPTOMS AND BEHAVIORS CHECKLIST

Symptom	Yes	No	Mild	Moderate	Severe
Depression					
Tearfulness					
Feeling lonely					
Withdrawn					
Moody					
Avoiding friends					
Eating more					
Eating less					
Weight change					
More exercise					
Less exercise					
Decreased interest in sex					
Decreased interest in usual activities					
Tired					
Sleeping more					
Sleeping less					
Waking during the night					
Headaches					
Trouble concentrating					
Confused					
Distractible					
Disorganized					
Hearing/seeing things others don't					
Perfectionistic					
Anxious					
Feeling panicky					
Obsessive/ritualistic behaviors					
Critical of others					
Have few friends					
Low self-esteem					
Disappointed in appearance					
Disappointed in achievements					
Disappointed in social life					
Legal problems					
Problems at work					
Argumentative					
Irritable					
Easily frustrated					
Threats to oneself					
Suicidal thoughts					
Suicidal intent					
Homicidal thoughts					