

Adult History and Information Form

(For use with therapy patients only)

Name: _____ Age: _____ DOB: _____

Address: _____ City: _____

Phone: _____ Is it ok to leave a message at this number? Y N

Email Address: _____ Is it ok to email you? Y N

Relationship Status: Single Married Domestic Partner Divorced Separated Widowed

Gender: _____ Racial/Ethnic Background: _____

Emergency Contact Name: _____ Phone: _____

Insurance Company: _____ Primary Subscriber: _____

ID #: _____ Group #: _____ Phone: _____

Employer: _____ Position: _____

Physician Name: _____ Phone: _____

Psychiatrist Name: _____ Phone: _____

Current Medications: _____ Prescribed by: _____

Medical Conditions or Relevant Medical History:

Describe the reason you are seeking therapy.

What are you hoping to gain from therapy?

Please circle any symptoms of difficulties you are currently experiencing:

Anxiety Panic Attacks Depression Insomnia Fatigue Guilt Hopelessness Lack of Motivation Relationship Problems Parenting Difficulties Legal Problems Drinking Too Much Drug Misuse Thoughts of Suicide Irritability Seeing Things Others Don't See Hearing Things Others Don't Hear Hyperactivity Lack of Focus Binging Purging Sexual Dysfunction Health Concerns Changes to Memory Excessive Worry About Your Weight or Appearance

Other: _____

How much do your current difficulties impact your daily life? Circle one:

A great deal/all aspects of my life are impacted Quite a bit A moderate amount Minimally Not at all

Have you ever received any of the following? If yes, when, where, and for what reason?

Treatment	Yes/No	When?	Where/Provider?	Reason
Therapy/Counseling				
Psychiatric Medications				
Psychiatric Hospitalization				
Involuntary Hold/5150				
Psychological Testing				

Which of the following most accurately describes you at the present time? (PLEASE SELECT ONLY ONE.)

- 1) Someone else talked me into coming to seek counseling at this time. I have a lot of doubts about whether I want to be here or how counseling would help. I don't believe I have any issues that would benefit from counseling.
- 2) I am reluctant to change anything about myself right now. It's not clear to me what I would change or if I'm ready to put the time and effort into working towards change. I've thought a little about it, though, so it might be helpful to talk with someone.
- 3) I am prepared to work on my issues and aim towards change. I have thought a lot about this, and despite some ambivalence, I am ready to proceed.

Name: _____

4) I am already active in doing some things in order to address my issue(s) and change. I'm here to get other ideas, suggestions, and/or any additional assistance you can provide.

5) I am here to obtain additional support in maintaining the goals I've already achieved. I don't want to find myself slipping back into old behavior patterns.

Is there anything else I should know about you or your reasons for seeking treatment?

Thank you for completing this form. If you have any questions or comments, please let me know. I look forward to working together!

Dr. Colleen Daniel