

ADULT HISTORY FORM

Instructions: The following form is to assist me in gaining information about your early history and current reason for seeking help. Answer all questions to the best of your ability. It is often helpful to obtain the help of other family members such as parents and **siblings who many have better recall of more distant events. Don't worry about spelling or neatness; brief, telegraphic sentences or phrases are fine.**

Last Name: _____ First Name: _____ Middle Initial: _____

Today's Date: ____/____/____ Birth Date: ____/____/____ Age: _____

Employment

Please describe the nature of your current employment(or studies), including any work related problems:

What past jobs have you had? Indicate any problems you may have with them:

Job (Dates)	Problems
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Medical History

Describe any serious illnesses, accidents, diseases or medical conditions of which you are aware.

Any history of chest pain, palpitations, murmurs, fainting, or postexercise symptoms? Describe.

Any family history of early heart disease (before age 30)?

Current Medications

List any medication you are currently taking, with the dosage. Include both prescription and nonprescription medications.

Name of Medication	Why Taken

Past Medications

List all psychiatric or neurological medications taken in the past.

Name of Medication	Why Taken	Why Stopped	When Taken

Do you smoke? _____ If Yes, how much? _____ Packs per day

Do you think you have had a drinking problem in the past?

Do you think you have a drinking problem now?

On average, how often do you drink alcohol? ___ Seldom or never ___ Once a month ___ Once a week or less
___ 2-3 times per week ___ 4 or more times per week

Do you have a problem with dependence on drugs? If Yes, describe.

Have you had a drug problem in the past? If Yes, describe.

Please note any other information about yourself that you think might be helpful in understanding you.

