


Adult Information Sheet

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City/State/ZIP: _____

Primary Phone: H C W _____ Email: _____

Relationship Status: Never Married Married Partnered Divorced Separated Widow/ Widower

How did you hear about this practice? Who referred you?

Psychology Today LifeSpire website Friend/Relative Insurance Other: _____

Please list anyone living you with you:

Name	Age	Relationship to you	Occupation

Briefly describe what brings you in:

SOCIAL HISTORY

Highest Level of Education Obtained: _____

Current Occupation/Job Title: _____

Employer: _____ # of years employed here: _____

Please describe your spiritual/religious affiliation: _____

MENTAL HEALTH BACKGROUND

- At this time, have you ever had thoughts to harm yourself or end your life? YES NO
- Have you ever attempted suicide or intentionally harmed yourself? YES NO
- Have you ever had thoughts to harm other people? YES NO

Please list any previous mental health treatment and/or substance abuse treatment:

Treatment Dates	Name of Provider/Agency	Reason for Treatment	Treatment Success

LEGAL HISTORY

- Have you ever been arrested? YES NO
- If yes, have you ever been arrested for a DUI/DWI? YES NO
- If yes, have you ever been in prison? YES NO
- Are you currently involved in any litigation or legal matters? YES NO

If you answered "Yes" to any of the above, please describe:

MEDICAL HISTORY

Name of Primary Care Physician or Provider: _____

Address: _____ Phone: _____

How would you describe your physical health?

- Excellent Good Average Poor Very Poor

List any medical conditions that you have:



List any prescription or over-the-counter medications you are taking:

Medication/Drug	Dose/Frequency	When started	For what symptoms

Do you have any allergies or sensitivities to drugs, food, or other substances? YES NO

Do you smoke or use other tobacco products? YES NO

Do you use recreational drugs (marijuana, cocaine, or other drugs)? YES NO

If there is any other information that you believe would be helpful for me to know, please describe below:

