FSC Family Service Center
Help is Here

Adult Information Form

Name:_____

Reason for coming today_____
_____
_____
_____

How long have you had these concerns?_____
_____

What things have you tried to deal with these concerns?_____
_____
_____
_____
_____
_____

Have you had any prior therapy experience? (Please describe length of treatment and frequency of visits)
_____
_____
_____

Are you thinking about hurting yourself or others? _____ Yes _____ No

Please check any of the following stresses that apply to you or your family and describe:

- ☐ Major relocations _____
- ☐ Job change _____
- ☐ Deaths _____
- ☐ Illnesses _____
- ☐ Marital/Relational problems _____
- ☐ Someone significant moving out of area _____
- ☐ Experiencing a traumatic event _____
- ☐ Witnessing a traumatic event _____
- ☐ Physical or sexual abuse or neglect_____
- ☐ Division of Child and Family Services (DCFS) involvement _____
- ☐ Legal Issues _____

Occupational History:
Are you currently employed? Yes/No How long have you worked in this position?_____
Job/Type of work _____

Medical History:
Medical
conditions/concerns_____
_____
_____

Are you taking any medications on an ongoing basis? Yes/No

Name of Medication	Dosage	Name of prescribing physician

Medical/Psychiatric Hospitalizations: (please describe)

_____
_____
_____
_____

Family history of emotional, behavioral, psychological concerns: (including treatment)

_____
_____
_____
_____
_____
_____
_____

Family history of medical problems:

_____
_____
_____
_____
_____

Please indicate if you have had any history of the following problems:

	Circle One	**Ages**	**Describe**
Asthma	Yes/No		
Chronic Ear Infections	Yes/No		
Headaches	Yes/No		
Hearing/Ear Problems	Yes/No		
Loss of Consciousness	Yes/No		
Nightmares	Yes/No		
Seizures	Yes/No		
Sleep Apnea/Snoring	Yes/No		
Surgeries	Yes/No		
Tics/Twitching	Yes/No		
Vision/Eye Problems	Yes/No		
Alcohol Use/Abuse	Yes/No		
Illicit Drug Use/Abuse	Yes/No		
Risky Behaviors	Yes/No		

Additional Information:

Please list some of your personal strengths: (including family and friends) _____
_____
_____
_____