

ADULT HISTORY FORM

Date _____

DEMOGRAPHIC INFORMATION

Name: _____
(Last) (First)

Home address: _____

Home phone: _____ Work phone: _____ Mobile phone: _____
_____ should I not contact you at any of these numbers? (Please circle those numbers/email addresses that I may NOT call).

E-mail address: _____

Age: _____ Date of Birth: _____ Gender M F

Highest grade/degree completed _____
Occupation/Employer _____

Marital Status (circle one) married/partnered single
separated divorced widowed

Persons living in household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency contact name and phone number:

REASONS FOR SEEKING SERVICES

Who referred you? _____

Briefly state your reasons for seeking services at this time:

How long have you had these problems or symptoms? _____

Do you consider these problems to be: (circle one) Mild Moderate Severe

Francine Grevin, Psy.D.
 1600 South Main Plaza, Suite 225
 Walnut Creek, CA 94596
 www.therapywalnutcreek.com

Licensed Clinical Psychologist PSY 16634
 Telephone (925) 658-0030
 Email: Dr.Grevin@eastbaypsychotherapyservices.com

	Current	Past		Current	Past		Current	Past
Problems with hearing			Restlessness			Thoughts of harming someone		
Vision problems			Decreased need for sleep			Fears of someone physically harming you		
Movement problems			Mood swings			Fears of losing self control		
Tremors or tics			Excess energy or feeling wired			Physical abuse		
Headaches			Elated mood			Sexual abuse		
Dizziness			Excessive spending			Emotional abuse		
Problems thinking			Racing/overflow of thoughts					
Memory problems			Irritable			Poor attention span		
Problems with concentration			Impulsive behavior			Hyperactivity		
Confusion			Grandiose thoughts or plans			Forgetful		
Inability to sleep			Anger or temper outbursts			Easily frustrated		
Sleeping too much			Anxiety			Easily bored		
Loss of appetite			Panic attacks			Difficulty with organization		
Increased appetite			Always worried			Difficulty following instructions		
Weight loss			Fears			Trouble finishing things		
Weight gain			Nightmares			Learning problems		
Feeling depressed			Recurrent unwanted thoughts/feelings			Speech or language problems		
Crying a lot			Hear voices others don't hear			Writing problems		
Thoughts of suicide			See things others don't see			Spelling problems		
Planning suicide			Strange experiences			Math problems		
Unable to have a good time			Feel people plot against you					
Low energy			Constant suspicion/distrust			Feeling worthless		

Francine Grevin, Psy.D.
 1600 South Main Plaza, Suite 225
 Walnut Creek, CA 94596
 www.therapywalnutcreek.com

Licensed Clinical Psychologist PSY 16634
 Telephone (925) 658-0030
 Email: Dr.Grevin@eastbaypsychotherapyservices.com

Feeling apart from others			Unusual thoughts			Violent or aggressive behavior		
---------------------------	--	--	------------------	--	--	--------------------------------	--	--

CURRENT AND PAST SYMPTOMS/COMPLAINTS; check relevant boxes below

Dates	By whom	For what problem?	Was it helpful?

PREVIOUS TREATMENT AND EVALUATIONS

Have you ever received any type of mental health treatment? (Circle one) Yes No
 If yes, please specify below:

Have you in the past, or are you now, taking psychiatric medication, including medications for AD/HD? Yes No

If yes, please specify:

Type of medication	Dates taken	Dose	Prescribing physician

Have you ever received testing for psychiatric, learning, or attention problems? (Circle one)

Yes No If yes:

For what problems did you receive the evaluations?

When were you evaluated and by whom?

Francine Grevin, Psy.D.
1600 South Main Plaza, Suite 225
Walnut Creek, CA 94596
www.therapywalnutcreek.com

Licensed Clinical Psychologist PSY 16634
Telephone (925) 658-0030
Email: Dr.Grevin@eastbaypsychotherapyservices.com

Was a diagnosis made and if so, what was the diagnosis?

Please bring a copy of any previous evaluations to our appointment

MEDICAL HISTORY

Do you have any serious or chronic medical conditions (including past surgeries)? Circle one:

Yes No

If yes, please specify the details and dates:

Have you had any serious medical accidents or injuries, head injuries, or history of seizures:

Yes No

If yes, please specify dates and details:

Are you currently taking any medications for medical conditions (including over the counter and herbal products)?

Yes No

If yes, please list:

Have you had any allergic reactions to, or other problems with, medications?

Yes No

Please specify: _____

ALCOHOL, DRUG AND TOBACCO HABITS

Do you drink alcohol? Yes No

If so, how much per day? _____

If so, how much per week? _____

Francine Grevin, Psy.D.
 1600 South Main Plaza, Suite 225
 Walnut Creek, CA 94596
 www.therapywalnutcreek.com

Licensed Clinical Psychologist PSY 16634
 Telephone (925) 658-0030
 Email: Dr.Grevin@eastbaypsychotherapyservices.com

Do you use any illicit drugs? Yes No

Type _____

Frequency _____

Age started _____

Date of last use _____

Do you feel you have a problem with (circle) Alcohol Drugs

If so, please explain: _____

Do you use tobacco products? Yes No

Amount per day or week _____

FAMILY HISTORY

The following chart includes problems that may run in families. It is helpful for me to know if anyone in your family has had any of these problems. Please state which family member(s) have experienced any of those listed.

	Relation to You	Treatment and/or medications
Attention Deficit Disorder		
Hyperactivity		
Learning difficulties		
Required special help in school		
Speech problems		
Held back a grade		
Dropped out of school		
Trouble with behavior		
Aggression/violence		
Depression		
Anxiety		
Bipolar Disorder (Manic Depression)		
Schizophrenia		
Suicide or suicide attempts		
Other mental health problems		
Alcohol problems		
Drug use problem		
Tics or Tourette's syndrome		
Medical problems		

Francine Grevin, Psy.D.
1600 South Main Plaza, Suite 225
Walnut Creek, CA 94596
www.therapywalnutcreek.com

Licensed Clinical Psychologist PSY 16634
Telephone (925) 658-0030
Email: Dr.Grevin@eastbaypsychotherapyservices.com

Problems with the law		
Other? (Please specify)		

Any other information you would like me to be aware of?