History Form

*Please note that information provided in this form is completely voluntary. Any information you can provide is helpful in helping us to understand and treat your child.

Name: ____________________________ Date of birth ______________________
Address _______________________________ City __________________ Zip _________
Relationship Status: Married____ Single____ In a relationship ____ other ____________

How were you referred for counseling? ____

Please list all others living in household (complete on back if more lines are necessary)

List first/last name and ages of children	Relationship (sibling, parent, grandparent, etc.)

Medical History
Please list significant illnesses and/or injuries (past and current with date and age if possible) ____
____
____
____
List current medications (including over the counter and herbal medications)
____
____

Mental Health History
Has you received previous mental health counseling? ____ yes ____ no
If yes, where? _________________________
Please list any prior hospitalizations, residential, day treatment, or intensive outpatient treatment related to mental health ____
____
____

Please list other medications/treatments specific to mental health treatment:
____
____
Mental illnesses in biological family (include relationship) __________________________
____
____

<u>School/Career Information</u>
Are you attending school? yes ____ no ____
School name (if applicable) ____
Highest Level of Education or career training received: _____________________
____
Are you currently employed? yes ____ no ____
If yes, describe current employment: __________________________________
____
If no, please indicate which of the following best applies: seeking employment ____
disability ____ at-home parent ____ pursuing education ____ other _______________

Concerns
Please identify concerns which you are seeking to address through counseling. Be as specific as possible, including feelings, thoughts, behaviors, problems, family concerns, etc. for which you have scheduled this appointment. _______________
____
____
____

<u>Strengths/Limitations</u>
Please identify your strengths and limitations:
____
____
____
Identify sources of support, such as extended family, friends, mentors, church, and community resources: ____
____