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| **Adult social history** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | Birth date: | | | | | |  | | | | | Age: | |  | | | |
| Street address: | | | | | |  | | | | | | | | | | | | | | | City: | | | |  | | | | | | | | | | | | |
| Home phone : | | | | |  | | | | | | | | | | | | | | | | Cell phone : | | | | | | |  | | | | | | | | | |
| **Employment info:** | | | | | | | | | |
| Name of Employer: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your position: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work phone number: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent’s info--if applicable** | | | | | | | | | | | | |
| Parent 1 name: | | | | | |  | | | | | | | | | | | | | | Age: | | |  | | | | | |
| Current employment: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent 2 name: | | | | | | |  | | | | | | | | | | | | | Age: | | |  | | | | | |
| Current employment: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Spouse’s info--if applicable:** | | | | | | | | | | | | |
| Spouse name: | | | | | |  | | | | | | | | | | | | | | Age: | | |  | | | | | |
| Current employment: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Living in your household:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | Age | | | | Relationship to You | | | | | | | | | | | | | | | | |
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| **Religion:** | | |  | | | | | | | | | | | | | | | Practicing?:  Yes  No | | | | | | | | | | |
| **Your developmental history: if this info is not known for any reason, just write n/a:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was mother’s health during this pregnancy normal?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| If no, explain | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you arrive on time?:  Yes  No | | | | | | | | | | | | | | | Early, by \_\_\_ weeks | | | | | | | | | Late, by \_\_\_ weeks: | | | | | | | | |
| **Educational history:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current student?  Yes  No | | | | | | | | | | | | | If yes, where? : | | | | |  | | | | | | | | | | | | | | | | | | | |
| Schools attended: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retentions: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were there any learning or behavioral problems in school?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Describe:* | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Services at school?  Yes  No | | | | | | | | | | | | | | Classification? | | | | |  | | | | | | | | | | | | | | | | | | |

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| **Name:** *Page 2* | | |  | | | | | | | | | | | | | | | | | | | | | **(cont’d)** | | | |
| **Social history—peers and relationships:** | | | | | | | | | | |
| What are your likes and dislikes? /Interests? | | | | | | | | | |  | | | | | | | | | | | | | | | |
| *Describe:* | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Are you involved in any group activities? (teams, clubs, religious groups etc.):  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| *Describe:* | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Are you in a relationship at this time?  Yes  No | | | | | | | | | | | | | | Sexually active?  Yes  No | | | | | | | | | |
| **Medical history:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe present general health: | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Date of last medical exam: | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| Under medical treatment now?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If yes, for what?* | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Discuss past and current use of medication for medical issues: | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| Other significant medical information (hospitalizations, accidents, illnesses, seizures, high fevers, handicaps, childhood diseases, allergies etc.): | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe the significant family medical history: | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **Mental health and substance use/abuse:** | | | | | | | | | | | |
| Describe history of substance use or abuse – please list any prior treatment as well: | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family substance use or abuse: Has there been any treatment for family members?  Y  N | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Describe:* | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Any history or present use of psychotropic medications? (for depression, anxiety etc.?)  Y  N | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Describe:* | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Describe the family psych history: | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| Has there been any trauma? Losses, accidents, separations, etc….  Y  N | | | | | | | | | | | | | | | | | |
| *Describe:* | | |  | | | | | | | | | | | | | | | | | | | | | | |
| List Agencies and/or private practitioners to which you are known—now or in past: | | | | | | | | | | | | | | | | | | | | |
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| **Legal involvement:** | | | | | | | | | | | | | | | | | |
| Has there been any legal involvement?  Y  N | | | | | | | | | | | |
| If so, please explain—include date of incident, charges, legal disposition… | | | | | | | | | | | | | | | | |
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| **Signature:** | | | | | |  | | | | | | | | | | | **Date:** | | | |  | | | | | | |