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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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|   |   |   |
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|   |   |   |
|   |   |   |
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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: |  |
|  |
| 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: |  |
|  |
| Other significant medical information (hospitalizations, accidents, illnesses, seizures, high fevers, handicaps, childhood diseases, allergies etc.): |
|  |
| Describe the significant family medical history: |  |
|  |
| **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: |  |
|  |
| 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: |
|  |
| **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:** |  |