Adult Background Questionnaire

NAME:			DATE:	
AGE:		_ SOCIAL SECURIT	Y #	
D.O.B.:		_ MALE	FEMALE	
EDUCATION:		_		
Referred by:				
Physician:				
Primary Care Doctor:		Phone Number:		
Psychiatrist:		Phone Number:		
Personal histor	y:			
Place of Birth:		Grew up:		
Raised by:	Mother	Father	Both	
	Brothers	Sisters	Birth Order	
Father's Occupation:		Mother's		
Describe Your Ch	ildhood:			
Who Disciplined?		How?		

Which Parent Were	You Closer to?			
Medical Problems in	n Childhood:			
Injuries in Childhoo	od:			
		_ Number of Marriages:		
Children:				
		eatment:		
Education and W				
Highest Grade Achieved: Grade Average:				
Current Occupation	1:			
Usual Occupation:				
Jobs Held:				
Alcohol and Drug	js : Check any drugs y	ou have ever used.		
Alcohol Marijuana Cocaine Tranquilizers LSD Other	Date of Last use			
Can you hold liquo	r (Including beer or wi	ne) well?	_	
Drug Treatment?	When?			

Legal History: Arrests/Convictions? If yes, please describe:				
Current Status:				
Living arrangements:HouseA	partmentOther			
Who lives with you?				
Departing a contraction of the c				
Describe your daily activities:				
Current Problems:				
Check any of the following that apply to you of the following that apply the following the following	Fearful Up and Down			
Quality of Sleep:GoodFair Trouble Falling AsleepMidnight Awak				
Appetite:GoodFair Level of Sex Drive:GoodFair				
Signature	 Date			