

ADULT HISTORY FORM

Client's Name _____ Date Completed _____

A. PRESENT STATUS

Why did you seek treatment at this time? _____

Why did you apply to this particular agency for treatment? _____

What do you expect of your treatment here? _____

Describe your present emotional state and feelings about being here. _____

What problems do you want to work on while here? _____

Describe any long-term goals. _____

Where and with whom were you living before treatment or coming here? _____

B. TREATMENT HISTORY

1. Medical/Psychiatric Hospitalizations:

Diagnosis

Facility

Date

2. Chemical Dependency Treatments (detox, inpatient, residential)

Diagnosis

Facility

Date

3. Outpatient Counseling (social worker, psychology, psychiatrist, clergy, other)

Agency/Counselor

Problem

Date

What did you feel that you accomplished in previous treatment? _____

Are you subject to depression? No ___ Yes ___ If yes, please describe: _____

Have you ever thought of or attempted suicide? No ___ Yes ___ If yes, please describe: _____

Have you used chemicals, including alcohol, to overcome pain or depression? No ___ Yes ___ If yes, list the drug(s) of choice: _____

Have you ever had a problem with gambling? No ___ Yes ___ If yes, please describe: _____

C. NUTRITIONAL ASSESSMENT

Do you have hypoglycemia, anorexia, bulimia, or sickle cell anemia? No ___ Yes ___ If yes, please list:

Are you an overeater? No ___ Yes ___ If yes, how long has this been a problem? _____

List your bingefoods _____

D. LEISURE ACTIVITIES/SPECIAL INTERESTS

List favorite hobbies or form of recreation: _____

How have you been spending your free time? _____

Do you exercise? No ___ Yes ___ If yes, how? _____

Would you like to? No ___ Yes ___ How? _____

Do you have any physical handicaps or limitations? No ___ Yes ___ If yes, please describe: _____

E. VOCATIONAL HISTORY

What is your usual occupation? _____

List any special training, qualifications, or licensing: _____

Are you employed? No___ Yes___ Occupation: _____ How long? _____

Do you like your job? No___ Yes___ Do you get along with your co-workers? No___ Yes___

List your employment for the last ten (10) years:

Company	Occupation	How long	Why terminated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe the effects of drinking or drug use on your jobs: _____

List any military services and type of discharge: _____

F. EDUCATIONAL BACKGROUND

School	Years	Graduated/Degreed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe the effects of drinking or drug use on your education: _____

G. FINANCIAL STATUS

Source(s) of income: _____

Are you in debt? No___ Yes___ How much? _____ To whom? _____

Problem area(s): (behind on payments, bankruptcy, other): _____

Please estimate the amount of money spent weekly on alcohol and drugs: Alcohol \$_____ Drugs\$_____

Estimate the amount of consequences of alcohol and drug use in the past 2 years: \$_____

How did you obtain money to support your chemical dependency? _____

H. LEGAL DIFFICULTIES

Arrests/Lawsuits/DWIs/Other	Dates	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were any alcohol/drug related? No ___ Yes ___ Any court cases pending? No ___ Yes ___

Explain either/both of the above: _____

I. CULTURAL BACKGROUND

Where were you born and raised? _____

By whom? _____

Any religious preference? _____ Did you attend services regularly? No ___ Yes ___

Describe family attitudes toward drinking or drug use: _____

J. FAMILY OF ORIGIN

	NAME	AGE	AGE AT DEATH IF DECEASED	YOUR AGE THEN	EDUCATION	OCCUPATION
Mother:	_____	_____	_____	_____	_____	_____
Father:	_____	_____	_____	_____	_____	_____

Describe your relationship with your parents: _____

List any step or foster parents and a brief description of your relationship: _____

List sisters/brothers, including deceased/step/foster:

Name	Age	Sex	Describe relationship or feelings toward
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did/do any of the above family members use alcohol or drugs? No ___ Yes ___ Who and with what effects? _____

Did/do you feel accepted, loved, and cared for by your family? No ___ Yes ___ Who in particular were/are you close to? _____

Was there respect for family members' privacy at home? _____

What recreation or leisure activities did your family share? Describe: _____

K. MARITAL/PERSONAL HISTORY

Are you now: Single Married Divorced Widowed Separated Living with someone

How long? _____ Remarried? No ___ Yes ___ How long? _____

Reason for divorce/separation: _____

Any present or past gay relationships? No ___ Yes ___

Describe your present relationship: _____

List children, including deceased/step/foster:

Name	Age	Sex	Brief description of relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any particular problems related to your children? No ___ Yes ___ If so, describe: _____

Have you ever abused your children/step-children physically, emotionally, sexually, or by neglect?

No ___ Yes ___ Specify/Describe: _____

Please mention any supportive relationship or significant person in your life at this time? _____

Have you ever used chemicals to help you through a crisis in any relationship? No ___ Yes ___ Describe: _____

Any other emotional involvements at this time? No ___ Yes ___ If so, with whom? _____

L. DRINKING HISTORY

Age at time of: First Drink _____ First intoxication _____ Recognition of Problem _____

Drinking preference(s): _____

Quantity: _____

Frequency: _____

Where and when did you usually drink? _____

Did you drink alone? No _____ Yes _____ How often? _____

When and how long was your longest dry period? _____

Do you think you can control your drinking consistently? No ___ Yes ___ Describe: _____

When did you have your last drink? _____

When was your first contact with AA _____

Describe your present AA involvement (meetings, sponsor, home group): _____

M. DRUG HISTORY

List all drugs used						
Age of first use						
First problem						
Quantity						
Frequency						

Drug preference: _____

Any accidental or intentional overdoses? No ___ Yes ___ When? _____

Usual place(s) of use: _____

Longest clean period: _____ When? _____

Date of last use: _____

Have you ever gone to N.A.? No ___ Yes ___ When? _____

Have you lost love or support due to your drinking or drug use at any time? No ___ Yes ___ Describe: _____

N. GENERAL SOCIAL DATA

Any family deaths that affected you? No ___ Yes ___ Describe: _____

Were you a victim of sexual abuse? No ___ Yes ___ Describe: _____

Any other life crisis or losses? (Witnessed violence/tragedy, death of pet?) No ___ Yes ___ Describe: _____

Did you get help, use chemicals, or just survive? Describe: _____

