

ADULT & CHILD PSYCHOLOGY INFORMATION SHEET

Name: _____ Age: _____ Date: _____

1. Tell me about yourself: _____

2. In your own words, what has been troubling you? _____

3. Have you been in therapy before? Yes ____ No ____ Briefly describe: _____

4. Please list all the medications and supplements you are taking including over-the-counter products: _____

5. Describe how you think other people see you: _____

6. Are you suffering from any of the following? (please check all that apply)
Anxiety Depression Alcohol/Substance Abuse Problems with Family
Stress Pain Problems with Work

Suicidal Ideation →

<i>If selected, please circle 0 – 4</i> I have thoughts of ending my life: 0 1 2 3 4 (0= Never; 1=Rarely; 2=Sometimes; 3=Frequently; 4=Always)

7. Significant Medical History: _____

8. Describe present and past alcohol/drug use and treatment program: _____

(continued on back)

9. Describe your childhood, family, and how it was growing up for you: _____

10. When you have a problem, who can you talk to? _____

11. Have you ever experienced a trauma or been in an abusive relationship? _____

12. Have you physically hurt others or yourself? Explain: _____

13. Do you have any legal concerns? (divorce, custody, probation, parole, etc.) _____

14. How do you spend your time? _____
