**Doreen Lerner, Ph.D., P.A.**

**2211 Norfolk, Suite 140**

**Houston, Texas 77098**

**Tel. (713) 446-9117**

**Adult History Form**

I. Identifying Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital/relationship status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Means of financial support:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children (age, gender):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred to this office by (name and phone with area code):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. History of your current difficulties (when started, presumed causes; times when they got better, things that made them better or worse, and ways you tried to resolve them):

III. Treatment history:

1. Previous outpatient treatment (year, for how long, number of sessions, with whom, reasons for seeking treatment, outcome, did it help or not, what was helpful or not helpful?):
2. Previous inpatient treatment (psychiatric hospitalization or treatment in a residential facility) (year, for how long, locations, reasons for admission, type of treatment, outcome, did it help or not, what was helpful or not helpful?):
3. Previous treatment with medications (year, for how long, reasons for medication, who prescribed, outcome, did it help or not?):
4. History of suicidal thoughts or ideas, or suicide attempts (year, method, treatment, reasons for suicidal thoughts, ideas, plans or attempts):
5. History of drug and/or alcohol use (year started, for how long, substances used, when used, how obtained, attempts to stop/treatment, negative and positive consequences of using):

IV. History of abuse, crime or violence (have you ever been a victim of, or perpetrator of, any kind of abuse, crime, or violent behavior?):

Do you currently have any legal involvements (are you currently involved in any lawsuits)? Please describe on the back of this page.

V. History of arrests (year, reason, any convictions or sentences):

VI. Medical history (describe major illnesses, accidents, injuries, surgeries, allergies, negative medication reactions and when occurred):

Describe any exercise that you do:

Do you smoke?

VII. Medication history (year used, dosage, frequency, reason):

VIII. Family History:

Who raised you?

Siblings' names and ages:

Who else lived in your childhood home?

Describe my childhood trauma (abuse, neglect, losses, separations, other problems):

Describe your parents' relationship with each other during your childhood, and now:

Describe your childhood relationship with your mother:

Describe your childhood relationship with your father:

Describe your childhood relationships with your siblings:

Describe your childhood relationships with other family members:

Describe any social, emotional, or behavioral problems during your childhood:

Describe any family history of mental illness, drug or alcohol use, completed or attempted suicide, or violent behavior:

Describe the family emotional climate/atmosphere during your childhood:

Describe how you did in school (academically, socially, and behaviorally):

Describe your relationships with teachers and friends during childhood and adolescence:

What is your level of education?

Describe the history of your relationships with significant others (include significant relationships, marriages, separations and divorces):

Describe your current relationships with significant other (if any), children (if any), and any other family members or friends:

IX. Describe your work history, including any military history:

X. Describe any hobbies, friendships, and use of leisure time:

XI. Who gives you emotional support?

XII. What are your religious or spiritual practices, if any?