

ADULT SOCIAL HISTORY

Directions: To assist Frances Bell MS LMFT in completing a prompt and thorough assessment, you are requested to fill out these confidential forms. Please be as complete as possible so that she can best provide the most appropriate services for your needs. Please print.

NAME _____ DATE _____ DATE OF BIRTH _____

MARITAL/FAMILY HISTORY

Current Marital Status: ___ married ___ separated ___ divorced ___ single ___ widowed ___ living together

Please give names and dates, if applicable

Marriage(s) _____

Separation(s) _____

Divorce(s) _____

Death(s) of Spouse(s)/Partner(s) _____

Children (name, age, grade) _____

PARENTS

Mother _____ Deceased? _____ Date _____

Father _____ Deceased? _____ Date _____

Currently married to each other/living together? _____

Remarried? Mother _____ Father _____

SIBLINGS

Name, age, and significant information about siblings, living and deceased. Please designate step-siblings with an asterisk*.

NAME	AGE	INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR SEEKING COUNSELING

Briefly describe your reasons for seeking counseling.

When did you first begin to notice problems? _____

Describe any recent major stressors that have occurred in your life. (ex. deaths, moves, changes in job, new baby, etc.) _____

MEDICAL HISTORY

Current Health: _____

Past major illness, surgeries, accidents (including dates) _____

CURRENT PRIMARY CARE PHYSICIAN

Name _____ Tel No. _____
Address _____
Date of last physical examination _____

MEDICATIONS

Medications currently taking	Condition being treated
_____	_____
_____	_____
_____	_____

PREVIOUS MENTAL HEALTH TREATMENT

Have you previously received mental health treatment, either outpatient or inpatient? If yes, please give date, location, condition treated, medications prescribed, and any other information you wish to share.

SIGNIFICANT FAMILY MEDICAL HISTORY

Please list significant medical and psychiatric treatment of grandparents, parents, siblings, children.

SUPPORT GROUPS

Are you involved in educational or self-help groups? (For example, parenting class, anger management, 12 step programs). If yes, please identify the support group.

Are you working with any other agencies? Yes _____ No _____
If so, please identify and explain _____

ADDITIONAL COMMENTS

Please add any additional information which you believe is important to know

