



**BRIEF QUESTIONNAIRE
(ADULT)**

SECTION I

Name _____

Date of Birth _____ Place of Birth _____ Soc. Sec. # _____

Height _____ Weight _____

Circle one: Married / Single/ Widow - If married, how long? _____

Spouse's Name _____

Have you previously been married and divorced? Yes No

Highest education degree earned _____ School/Location _____ Year _____

Emergency contact name _____ Relationship _____

Emergency contact phone number _____

SECTION II

Family doctor's name _____ Date last seen by family doctor _____

Are you currently under the care of any medical specialists? If so, please list doctor(s) and condition(s) being treated _____

List current medications and dosage _____

Briefly describe your overall health _____

Any current or past medical problems/concerns not specified above? Please list (include environmental, food, and/or medication allergies) _____

Which, if any, of these substances do you currently use or have used in the past?

Tobacco alcohol nonprescription drugs

SECTION III

Your parents' names: Father _____ Age _____ Deceased: yes no

Mother _____ Age _____ Deceased: yes no

Children: Full name _____ Age _____ DOB _____ Lives where? _____
Full name _____ Age _____ DOB _____ Lives where? _____
Full name _____ Age _____ DOB _____ Lives where? _____
Full name _____ Age _____ DOB _____ Lives where? _____
Full name _____ Age _____ DOB _____ Lives where? _____
Full name _____ Age _____ DOB _____ Lives where? _____

Brothers & Sisters: First name _____ Age _____ Lives where? _____ Deceased: yes __ no __
First name _____ Age _____ Lives where? _____ Deceased: yes __ no __
First name _____ Age _____ Lives where? _____ Deceased: yes __ no __
First name _____ Age _____ Lives where? _____ Deceased: yes __ no __

Have you received any previous counseling or have you previously been hospitalized for mental health reasons (as a child or adult)? If so, when, where, and for what reason? Please explain _____

Any significant mental health problems among family members listed above (your parents or siblings), or among extended family members (grandparents, aunts, uncles, etc.)? If so, please explain _____

SECTION IV

Do you have any special interests, talents, or hobbies? Please list briefly _____

Have you ever been convicted of a crime other than a minor traffic violation? yes no
If "yes," please describe (include dates) _____

Please list church, clubs, or other organizations where you have membership or volunteer _____

Are you currently receiving disability benefits, or are you filing for disability? yes no
If yes, what is your disabling condition? _____

SIGNATURE _____ **DATE** _____