

Trudy G. Wilson, MS, LPC

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Current Living Arrangement/ With whom do you live and where? \_\_\_\_\_

**3. Family Psychiatric History:** (History of ADHD, bipolar, depression, anxiety, schizophrenia, learning disorders, mental retardation, drug/alcohol abuse, attempted suicide, completed suicide, incarceration).

Your brothers or sisters, or your children: \_\_\_\_\_

Father and/or relatives: \_\_\_\_\_

Mother and/or relatives: \_\_\_\_\_

**4. Educational History:**

Elementary school: \_\_\_\_\_

Middle School: \_\_\_\_\_

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**6. Legal History:**

Any contact as a child or adolescent with: Youth Court Y ☐ N ☐ Training School Y ☐ N ☐

DHS Y ☐ N ☐ If yes to

above, explain: \_\_\_\_\_

As an adult: Current Charges Y ☐ N ☐ Past Charges Y ☐ N ☐ DUI Y ☐ N ☐

If yes to above, give dates and charges: \_\_\_\_\_

**7. Developmental/Medical History:**

During your mother's pregnancy, labor, or delivery, were there problems? Y ☐ N ☐

If yes, explain: \_\_\_\_\_

### 5. Employment History:

Military History: (Give Rank/Discharge/Duties/Years Discharged)\_\_\_\_\_

Current Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Length and duties: \_\_\_\_\_

Co-worker relations: \_\_\_\_\_

List previous employment, length, reason for change (termination), and co-worker relations: \_\_\_\_\_

Have you ever received any of the following:

Social Security Benefits: Y ☐ N ☐ Explain: \_\_\_\_\_

Workers' Compensation: Y ☐ N ☐ Explain: \_\_\_\_\_

Personal Injury Benefits: Y ☒ N ☐ Explain: \_\_\_\_\_

Financial Problems (Any history of bankruptcy, foreclosure, etc.) \_\_\_\_\_

Any history of the following illnesses:

Diabetes	Heart Disease	Seizure	Arthritis	Ulcers
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Glaucoma	Tuberculosis	Thyroid	Hypertension	IUV
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Hepatitis      Seizures      STD's      Head Injuries      Car Accidents

Explain: \_\_\_\_\_

Significant Surgery & Date(s): \_\_\_\_\_

Date of Last Physical \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Any current medical/physical problems: \_\_\_\_\_

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Any history of the following illnesses:

Diabetes	Heart Disease	Seizure	Arthritis	Ulcers
Glaucoma	Tuberculosis	Thyroid	Hypertension	IUV
Hepatitis	Seizures	STD's	Head Injuries	Car Accidents

Explain: \_\_\_\_\_

Significant Surgery & Date(s): \_\_\_\_\_

Date of Last Physical \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Any current medical/physical problems: \_\_\_\_\_

duration(s), period(s) or abstinence) \_\_\_\_\_

Have you ever had any drug/alcohol treatment? If so, state where and when, and state if you completed treatment: \_\_\_\_\_

**11. Current Information and Daily Activities:**

Any problems with hygiene and grooming: Y ☐ N ☐ If yes, explain \_\_\_\_\_

Describe a typical day for you, from the time you get up in the morning until you go to bed at night. \_\_\_\_\_

Describe your support system: Describe your relationships with friends, family, and peers (school, home and/or church): \_\_\_\_\_

**11. Current Information and Daily Activities:**

Any problems with hygiene and grooming: Y ☐ N ☐ If yes, explain \_\_\_\_\_

Describe a typical day for you, from the time you get up in the morning until you go to bed at night. \_\_\_\_\_

Have you ever had any drug/alcohol treatment? If so, state where and when, and state if you completed treatment: \_\_\_\_\_

**10. Drug and Alcohol History:**

Age of first **tobacco** use: \_\_\_\_\_  
abstinence) \_\_\_\_\_

History of tobacco use: (frequency, duration(s), period(s) of

How many packs a day do you smoke? \_\_\_\_\_

Age of first **alcohol** use: \_\_\_\_\_  
abstinence) \_\_\_\_\_

History of alcohol use: (frequency, duration(s), period(s) of