

Christian Family Care Agency

2346 N. Central Avenue ... Phoenix, Arizona ... 85004 602-234-1935
6063 E. Grant Road ... Tucson, Arizona ... 85712-2318 ... 520-296-8255

History Form – Adult

(To Be Completed By Client)

Client Name: _____ Today's Date _____

Age: _____ Marital Status: _____ Ethnicity/Race: _____

Home address: _____
street city state zip

Home telephone number: _____
area code number

CURRENT PROBLEMS

Please describe (briefly) the problems that led you to contact Christian Family Care Agency for treatment:

Who do you consider to be in your current support system, i.e. friends, clergy, family, etc.?

Please do not write in this space!

How long have you been experiencing this/these problem(s)?

Whose idea was it to seek counseling?

How have you addressed the problem(s) in the past?

What were the results of your previous solution(s) to your problem?

What would you like to accomplish from counseling? _____

Please do not write in this space!

CHILDHOOD RELATIONSHIPS

Describe parents or step-parents who raised you:

Father's Name: _____

Current Age: _____ Occupation: _____

Description of Father's Personality: _____

Father's Use of Alcohol and/or Drugs: _____

Methods of Discipline: _____

Describe Relationship with Him during Childhood: _____

Mother's Name: _____

Current Age: _____ Occupation: _____

Description of Mother's Personality: _____

Mother's Use of Alcohol and/or Drugs: _____

Method's of Discipline: _____

Describe Relationship with Her during Childhood: _____

Please do not write in this space!

Did parents or other family members ever receive treatment for depression or other emotional problems?

List any other adults who were important to you and how. They affected your childhood: _____

Brothers and sisters (oldest to youngest, including yourself, as well as any deceased siblings):

Name: Age: How did they relate to you when you were a child?

Where do your parents, brothers, and sisters currently reside?

CHILDHOOD LIVING ARRANGEMENTS

Where were you born? _____

How long in each location? _____

Where were you raised? _____

How many places did you live during childhood? _____

What were the reasons for moving? _____

Please do not write in this space!

If at any time you did not live with your natural family, with whom did you live? _____

SCHOOL

What were grade school and high school like for you? _____

Last grade completed: _____

What were your average grades? _____

Describe any behavior or other problems in school:

Describe any learning problem or special ability that has affected your life: _____

RELIGIOUS BELIEFS

What were the religious beliefs you had during childhood?

Describe your current beliefs/religious preference: _____

How does spirituality affect your life? _____

Please do not write in this space!

ABUSE HISTORY

Did you experience abuse as a child? ____ No ____ Yes
Type: ____ Physical ____ Sexual ____ Emotional
By Whom? _____

Describe any current problems related to the abuse: _____

Do you think you have a potential for abusing others?
____ No ____ Yes

Explain: _____

RELATIONSHIPS AND CHILDREN

Present Partner's Name: _____
Age: _____
Partner's Occupation: _____

How long have you been with this partner? _____

Describe your partner: _____

Partner's use of alcohol and/or other drugs: _____

Describe any problems in the relationship: _____

Previous relationships throughout your life:

Partner's First Name:	When You Met:	Separated and Why:
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Please do not write in this space!

Children:

(Please include children given for adoption or deceased)

Name:	Age:	By Whom:	Description:
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Sexuality:

What were your impressions of sex during your early life? _____

Is sexuality currently a problem for you? ____ No ____ Yes

If yes, please explain: _____

LOSSES

Have you experienced any significant losses in your life? _____

WORK HISTORY

What kinds of work have you done? _____

What do you consider your main line of work? _____

Please do not write in this space!

What is the longest you have worked a job? _____

Current Employer: _____

Position: _____

Describe any financial problems: _____

LEGAL HISTORY

Charges (include DUI)	Date	Convicted (No/Yes)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently on probation or parole? ___ No ___ Yes

Probation/Parole Officer's Name: _____

HISTORY OF PREVIOUS TREATMENT

List any counseling or drug treatment you have had:

Where: By Whom: Problem: Dates:

Do you now have suicidal thoughts, behavior, or plan?

___ No ___ Yes

Has anyone in your family committed suicide?

___ No ___ Yes

MEDICAL HISTORY

List any medical problems in the past or present (including chronic or serious illnesses, accidents, surgeries, head injuries, seizures): _____

Please do not write in this space!

List any current prescription medications: _____

List any psychiatric medication in the past: _____

Describe any use of alcohol or drugs, present or past:

Describe any concerns over sleep or diet: _____

Describe your current exercise routine: _____

SOCIAL ACTIVITIES

Describe how you use your free time: _____

Do you spend most of your time with: _____

_____ Friends _____ Family _____ Alone

Signature of Client

Date

Signature of Therapist

Date