

Individual History Intake Form

Name: _____

Today's Date: _____

Please respond to each of the following areas, so that we might gain a better understanding of your history and current situation.

Psychosocial History

Date of Birth: _____ Birthplace (City, State) _____

Was your birth mother's pregnancy/delivery was dangerous or complicated

(circle one) YES / NO

If you experienced any developmental delays/disorders or other health problems growing up (circle one)
YES / NO

Family Background

Brothers (Ages): _____

Sisters (Ages): _____

Did/do you have step-parents YES / NO

Where did you grow up, primarily? (City, State, Country) _____

Have you ever been abused? (Circle) YES / NO as a Child / Adult / Both

If so, Circle one: Physically Emotionally Sexually

Education History

Highest Education Attained (circle one): GED H.S. Diploma College Degree

Highest Grade You Completed _____ In what year? _____

Have you ever attended special education or behavior disorder (EMR or BD) classes in elementary or secondary schools? Circle one: Yes No

Are you employed? Circle one: Yes No

Substance Use

Do you use tobacco products? (circle one) Yes No

If yes, when did you start? age _____ How much do you use daily? _____

Approximately how many caffeinated beverages do you consume daily? _____

Have you ever used? (Circle) Alcohol Illegal drugs Both

If yes, when did you start? Alcohol age _____ Illegal drugs age _____

Do you still use: (Circle) Alcohol Illegal drugs Both

What substance do you consume on a daily or weekly basis?

Alcohol _____ Illegal drugs _____

Have you received any kind of treatment for alcohol or drug abuse? (Circle) Yes No

Arrests/ Convictions

List all arrests, charges, or convictions you have been named in with regard to law violations? Do not list minor traffic infractions. DO LIST→ DUI/DWIs, reckless driving, shoplifting, assaults, child abuse, etc.)

Year _____ Offense _____ Penalty/Conviction _____

Year _____ Offense _____ Penalty/Conviction _____

Year _____ Offense _____ Penalty/Conviction _____

Are you a registered Felon? Circle one: Yes No

Are you on parole or probation? Circle one: Yes No

Are you or have you ever been suicidal? Circle one: Yes No