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ADULT HISTORY QUESTIONNAIRE

DEMOGRAPHIC INFORMATION

Name _____ Occupation _____

Age _____ Birthdate _____

Current address _____

Current phone numbers _____

Please list all persons with whom you are currently living:

<u>Name</u>	<u>Age</u>	<u>Relation</u>
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Name of any other children to whom you are a parent figure _____

EMPLOYMENT HISTORY

Do you currently work?

If not are you: __ Disabled __ Retired __ Home with Children __ Other (Describe) _____

If yes,

Name of Employer	Position	Length of Employment
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Please list your past employment for past ten years

Employer	Position	Period of Employment	Reason for Leaving
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Please describe any work related problems: (e.g., Harassment, Conflicts)

EDUCATIONAL HISTORY

What is the last grade you completed?

What degrees do you hold?

What other training have you obtained?

Do you have any further education planned? If yes, describe below.

Have you had any learning problems? If yes, please explain below

LEGAL HISTORY

Have you ever been arrested? NO YES If Yes, list all charges below.

<u>Date</u>	<u>Charge</u>	<u>Disposition</u> <u>(dropped, convicted, not guilty)</u>	<u>Sentence</u>	<u>Length of</u> <u>Probation/Parole</u>

Are you currently on probation or parole? NO YES: Probation Parole

If Yes, please explain conditions

Name of probation/parole officer

Have you ever filed a lawsuit or had one filed against you? No Yes

If Yes, please explain

MARITAL/RELATIONSHIP HISTORY

List all significant relationships (marriage cohabitation, long term boy/girlfriends)

<u>Name</u>	<u>Dates (begin – end)</u>	<u>Why did it end?</u>	<u>Children produced</u>

Have you ever been the victim or perpetrator of spouse abuse? NO YES

If yes please describe.

CHILDHOOD HISTORY

Where were you born?

Please list all parent figures in your life.

<u>Name</u>	<u>Relation</u>	<u>Age or age at death</u>	<u>Education</u>	<u>Occupation</u>

Please list your siblings (brothers & sisters).

<u>Name</u>	<u>Relation</u>	<u>Age or age at death</u>	<u>Education</u>	<u>Occupation</u>
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Were there any problems with your birth or prior to birth? NO YES

If yes, please describe.

Please list all significant events in your family (divorce, separation, death serious illness, etc.).

<u>Event</u>	<u>Age at time</u>	<u>Effect upon you</u>
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Describe your experience growing up.

What was your mother like? How did she treat you?

What was your father like? How did he treat you?

What were your siblings like? How did they treat you?

What was your experience with friends?

Describe the most positive relationship you had growing up.

Where you every physically, sexually, or mentally abused? If yes, describe.

Describe any other traumas, tragedies, or difficult circumstances you experienced.

MILITARY HISTORY

Were you in the military? NO YES

If yes, please describe the dates of service, branch, and discharge status.

SUBSTANCE ABUSE HISTORY

Do you currently drink alcohol? NO YES

If yes, how often?

How much?

Do you currently use illicit or non-prescribed drugs? NO YES

If yes, what drugs?

How often?

How much?

Describe your use of alcohol or drugs in the past (ages, substances, amounts).

MEDICAL HISTORY

Please list all current illnesses.

Please list all your current Physicians.

Please list all your current Psychiatrists, Psychologist, and Counselors

Please list all your current medications

Please list all your past illnesses.

Please list all your past surgeries.

Please list all your past psychiatric treatment

RELIGIOUS SPIRITUAL HISTORY

Describe your religious/spiritual experience growing up.

Do you currently attend church? Where? How often?

RECREATION/HOBBIES/INTERESTS

Please list:

OTHER INFORMATION

Please list any other information that you see as important