KATHY B. SPURLOCK, LPC
PSYCHOTHERAPIST

BIOPSYCHOSOCIAL HISTORY
ADULT FORM

IDENTIFYING INFORMATION:

NAME: _____ DOB: _____

EMPLOYER: _____ Title: _____

Relationship Status: Married Single Separated Divorced Partnered Widowed

What is your main reason for scheduling this appointment?

- On the back of this form - Please give a brief history of current or most recent relationship, e.g. when met, married, divorced and any crises, challenges, or special times experienced.
- On the back of this form – Please list children(s) names, ages, grade level, significant health, mental health issues or other significant events.

Please **"check"** any symptoms that are currently present and **"X"** any that have been present within the past 6 months:

___ depressed mood	___ binging/purging	___ guilt
___ appetite changes	___ laxative/diuretic abuse	___ elevated mood
___ sleep disturbance	___anorexia	___ hyperactivity
___ fatigue/low energy	___ paranoid thoughts	___ "missing time"
___ poor concentration	___ hallucinations	___ self harm
___ mood swings	___ aggressive behaviors	___ weight gain or loss
___ irritability	___ sexual dysfunction	___ emotional trauma
___ generalized anxiety	___ grief	___physical trauma
___ panic attacks	___ hopelessness	___sexual trauma
___ phobias	___ social isolation	___ substance abuse
___ obsessions/compulsions	___ worthlessness	___ suicidal thoughts

Mother's name, birthplace and significant information:

Father's name, birthplace and significant information:

If either parent is deceased, please list date and cause of death:

If you have any siblings list their names, ages and locations.

MEDICAL / MENTAL HEALTH / PERSONAL HISTORY:

Were there any illnesses or complications during Mother's pregnancy or your birth?

As a child, did you have any history of emotional or behavioral difficulties?

At what age did you leave home and under what circumstances?

Have you ever had any serious accidents, injuries, or illnesses, or ever required hospitalization, explain:

How would you describe your childhood family experience? For example, "outstanding, normal, chaotic, abusive, witnessed abuse", etc.

Do you have any current health problems, please list?

When was your last physical?

Do you currently take any medications? Any previous medications?

Please list Elementary, Middle, High Schools and Colleges attended:
What were your favorite and least favorite subjects in school?

Did you participate in any extracurricular activities?

Have you ever seen a therapist, psychologist, or psychiatrist before or been hospitalized for mental health reasons? If so for what reasons, and name of professional.

Has any other member of your family ever participated in therapy? Reasons:

Is there any extended family history of mental health or substance abuse issues?

Has any family member ever committed suicide or been hospitalized for suicidal thoughts?

Please list any significant life traumas:

Have you ever been a victim of domestic violence?

Please list any significant positive life influences:

Who are you most like in your family?

How would you describe yourself?

Have you ever been involved in any illegal activities?

What are your main goals for yourself?

What would you like to get out of counseling?

Please list any other significant issues you believe to be important for me to know.