

ADULT PERSONAL HISTORY FORM

Case No. _____

Client's Name _____

Date _____

Gender __F__M Date of Birth _____ Age _____

Form completed by (if someone other than client) _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

IF YOU NEED ANY MORE SPACE FOR ANY OF THE FOLLOWING QUESTIONS PLEASE USE THE BACK OF THE SHEET

Primary reason(s) for seeking services: Addictive behaviors Alcohol/Drugs Anger management Anxiety Coping Depression Eating disorder
Fear/phobias
Mental confusion Sexual concerns Sleeping problems
Other mental health concerns (specify) _____