

Bryn Mawr Psychological Associates

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ADULT HISTORY

(All information is kept **strictly confidential** and will not be released to anyone else without your permission.)

Name: _____ Date of Birth: _____ Age: _____

Education: _____ Occupation: _____

Person who referred you: _____ Today's date: _____

**** WHAT ARE YOUR MAIN REASONS FOR SEEKING TREATMENT?**

- 1.
- 2.
- 3.

CURRENT FAMILY INFORMATION

Marital history (if applicable; include current and prior marriages, years married):

Current status (circle any that apply): Married/Committed Partner Single Separated Divorce Widowed

Name of Spouse/Partner (if applicable): _____

Age: _____ Education: _____ Occupation: _____

Children:	<u>Name</u>	<u>Age</u>	<u>Where living?</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Others living in the home: _____

FAMILY OF ORIGIN

Where born:

Where raised:

Father's first name:

Mother's first name:

Type of work:

Type of work:

(circle one) Living Deceased

(circle one) Living Deceased

If deceased: When _____ Age _____

If deceased: When _____ Age _____

How _____

How _____

Siblings:

First name

Age

Where living?

Other significant relatives in your life while growing up:

PSYCHOLOGICAL HISTORY

What are your feelings about your upbringing?

Briefly note any traumatic events in your life:

Prior psychological/psychiatric treatment history:

Provider: _____

When: _____

Reason: _____

Why stopped? _____

Provider: _____

When: _____

Reason: _____

Why stopped? _____

Provider: _____

When: _____

Reason: _____

Why stopped? _____

MEDICAL HISTORY

Current medical problems:

Current medications and doses:

History of other significant medical problems and operations:

Any history of:	Concussion	Yes / No
	Seizures	Yes / No
	Facial tics	Yes / No
	Chronic headaches	Yes / No

CAREER HISTORY

Current position and place of work (If retired; when: _____)
(If out of work; indicate last position and date last worked full-time)

Briefly describe work history:

Describe feelings about current job:

ACADEMIC HISTORY

Name of high school _____

(Which state if not local?): _____

(if applicable) Name of college: _____

Major: _____ (If graduated) Degree: _____

(if applicable) Name or graduate program: _____

Major: _____ (If graduated) Degree: _____

SOCIAL

In what activities/organizations do you currently take part?:

How do you like to spend your free time?:

Please describe your friendships:

Religion: _____ Actively involved?: _____

Please indicate any history of legal problems:

FAMILY HISTORY

A review of family history is often very helpful in a thorough evaluation. Please think about parents, siblings, grandparents, children, aunts/uncles, and cousins as you fill in the chart below. Include if you know if someone is taking a psychoactive **medication** (e.g., sister taking anti-anxiety medication).

Family Mental Health History		
Check the item if you think a family member has or had the problem. Indicate relationship to you in the final column (e.g., paternal uncle or maternal grandfather).		
Illness or Problem	X	Relationship to self
Attention Problems or "ADD"		
Hyperactivity or "ADHD"		
Significant Anger problems		
Learning Disability		
Tics or Tourette's Disorder		
Special education services		
Mental Retardation		
Autism/Asperger's Disorder		
Takes Psychiatric Medication		
Depression		
Bipolar Disorder		
Schizophrenia		
Suicide or Suicide Attempts		
Deliberate Self-Harm		
Psychiatric Hospitalization		
Obsessive/Compulsive problems		
Anxiety/Fears/Phobias		
Panic Attacks		
Eating Disorder		
Serious Sleep Problem		
Alcoholism		
Drug Abuse		
Victim of Abuse		
Post Traumatic Stress Disorder		
Violent or Abusive Behavior		
Trouble with the Law		
Other:		