

# *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:

Type of work:

(circle one) Living Deceased

If deceased: When \_\_\_\_\_ Age \_\_\_\_\_

How \_\_\_\_\_

Mother's first name:

Type of work:

(circle one) Living Deceased

If deceased: When \_\_\_\_\_ Age \_\_\_\_\_

How \_\_\_\_\_

Siblings:

First nameAgeWhere 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).

<b>Family Mental Health History</b>		
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).		
<b>Illness or Problem</b>	<b>X</b>	<b>Relationship to self</b>
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		
Survivor of Abuse		
Post Traumatic Stress Disorder		
Violent or Abusive Behavior		
Trouble with the Law		
Other:		