

Norford 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 (include current and prior marriages, years married):

Current status (circle one): Married Separated Divorced Widowed Single

Household (circle one): No spouse/partner Living with spouse/partner Not living with spouse/partner

Name of Spouse/Partner: _____

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:

What are your feelings about your upbringing?

Briefly note any traumatic events in your life:

Prior Psychological/Psychiatric History:

Provider: _____

When: _____

Reason: _____

Why stopped? _____

Provider: _____

When: _____

Reason: _____

Why stopped? _____

Provider: _____

When: _____

Reason: _____

Why stopped? _____

MEDICAL HISTORY

Current medical problems:

History of other significant medical problems and operations:

Current medications and doses:

Prior psychiatric medications:

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

ACADEMIC HISTORY

High School: Grade completed: _____

(if applicable) College: Name of college: _____

Major: _____ (If graduated) Degree: _____

(if applicable) Graduate School: Name: _____

Major: _____ (If graduated) Degree: _____

(if applicable) Other advanced training: Name: _____

Major: _____ (If graduated) Degree: _____

CAREER HISTORY

Briefly describe work history:

Describe Armed Service history (if applicable):

Current position and place of work (If retired; when: _____):

Describe feelings about current job:

SOCIAL

In what activities do you currently take part?:

How do you like to spend your free time?:

Please describe your friendships:

Please describe what you or others see as your strengths:

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, aunts/uncles, cousins, and your children (if applicable) as you fill in the chart below.

Family Mental Health History		
Check the item if you think a family member has or had the problem. Indicate relation to you in the final column.		
Illness or Problem	X	Relation to child
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		
Depression		
Manic Depressive or Bipolar Disorder		
Schizophrenia		
Suicide or Suicide Attempts		
Deliberate Self-Harm		
Psychiatric Hospitalization		
Obsessive/Compulsive problems		
Severe Anxiety/Fears/Phobias		
Panic Attacks		
Eating Disorder (Anorexia/Bulimia)		
Alcoholism		
Drug Abuse		
Victim of Abuse		
Post Traumatic Stress Disorder		
Violent or Abusive Behavior		
Trouble with the Law		
Other:		