

Lazaro Counseling Center, LLC

Confidential Adult History

Please print legibly

Name: _____ DOB: _____ Age: _____ Sex: _____ Today's date: _____

Place of Birth: _____ Occupation: _____

Level of Education: _____

Marital status (please circle): Single Married Separated Divorced Widowed Cohabiting

Number of times married: _____ Number of years in current relationship: _____

If in a current relationship, how would you describe this relationship? _____

Marriage # 1: To: _____ Number of children from this marriage: _____
 Year and Age at time of marriage: _____/_____ Year and Age at time of divorce: _____/_____

Marriage # 2: To: _____ Number of children from this marriage: _____
 Year and Age at time of marriage: _____/_____ Year and Age at time of divorce: _____/_____

Marriage # 3: To: _____ Number of children from this marriage: _____
 Year and Age at time of marriage: _____/_____ Year and Age at time of divorce: _____/_____

Child's Name	Sex	Age	Lives with	Biological/Step/Adoptive

Any other family members living with you? _____

Were you raised by parent (s), a relative, adoptive parents, or others? Please explain: _____

Do you have social supports available to you? _____

Have you ever sought previous counseling? Yes or No If yes, then when, where, and for how long? _____

Have you had any psychiatric hospitalizations? Yes or No If so, when, where, and for how long? _____

Do you take any medications?: Yes or No If so, who prescribes the medication?: _____

What are the medications and the dosage on each?: _____

How long have you been taking these medications? _____

Have you taken any psychiatric medications in the past , if yes, what were they? _____

Have you ever thought about suicide? If so, when and how often?: _____

Have you ever had thoughts of wanting to hurt others? Please explain: _____

Do you have any medical problems, if yes, what? _____

Have you ever been hospitalized or had any surgeries? (please list date and reason for hospitalization or surgery): _____

Have you ever had significant weight changes? Yes or No Any more than 10 lbs. in one year? Yes or No

How do you feel about your weight?: _____

Any changes in sexual functioning? If yes, please explain: _____

For Women: Number of pregnancies _____ miscarriages _____ abortions _____ stillbirths _____

Please check any symptoms or behaviors that bother you now or has bothered you in the past:

√	Symptom	Past	Present	√	Symptom	Past	Present	√	Symptom	past	present
	Frequent headaches				Excessive sweating				Depression		
	Sleeping problems				Diabetes				Asthma		
	Mood shifts				Irritability				Impulsivity		
	Sexual difficulties				High blood pressure				Bowel problems		
	Loneliness				Low self esteem				Aggression		
	Anxiety				Fatigue				Unconsciousness		
	Difficulty breathing				Head injuries				Frequent vomiting		
	Thyroid problems				Tremors				Heart palpitations		
	Numbness/tingling				Memory problems				Shortness of breath		
	Drug/ alcohol use				Guilt				Distractibility		
	Seizures				Chronic pain				Dizziness		
	Muscular weakness				Stomachaches				Ulcers		
	Hives/rashes				Sleepwalking				Anemia		

Is there any family history of psychiatric (depression, anxiety, substance abuse, legal, or learning problems) or medical problems with any extended family members? If yes, please explain who it is and what kind of problem they have.: _____

Have you ever had any legal problems? If yes, what? _____

Are you working currently, if so, where? _____ How many jobs have you had until now?: ____

Have you ever been fired from any jobs? If yes, how many times and what was the reason?: _____

Have you ever had any problems with anger, aggression, or violence? If yes, please explain.: _____

Do you use any drugs, alcohol, or pain medication? If yes, what and how much? If no, have you used in the past? What did you use? Please explain: _____

Have you experienced any death or losses in your life?, If yes, please explain the circumstances of the loss.: _____

Have you ever been physically, emotionally, sexually abused by anyone (Please circle the one that applies)? Please explain: _____