

Adult Developmental History

Today's Date: _____

Your name: _____ DOB: _____

How many times did you move or relocate as a child?

Please list your siblings in birth order and include yourself.

Name:	Age:

Were you raised in any religion or faith?

Were there been any deaths, serious illnesses, or disabilities in the family during your childhood?

Please list any current medical problems, conditions, or diagnosis below and include the date the problem began.

Did you ever receive special education services or diagnosis of a learning disorder? If yes, please tell us any diagnosis, medications, or describe the problem:

As a child, did you have any difficulty sleeping or with nightmares?

Were there any problems with your appetite or eating as a child?

Describe your social skills as a child (like making friends, keeping friends, playing with friends):

Tell us about any family history of alcohol or drug abuse?

Tell us about any family history of depression, anxiety, or mental illness:

Is there any history of domestic violence?

Were you a witness to or exposed to violence or another major or minor traumatic event?

Any history of loss/death/divorce?

Any childhood medical problems? If yes, please tell us any diagnosis, medications currently taking, medications taken in the past, and who is his pediatrician:

Any childhood illness or injury requiring emergency care or hospitalization?

Is there any history of major or minor head injury or accident, or seizures (conscious or loss of consciousness)? If yes, please provide dates and description:

Is there any history of verbal, emotional, physical, or sexual abuse?

Tell us about any emotional or behavior problems in the last 30 days:

Tell us about any behavior problems since birth:

Any thoughts of suicide, wanting kill or harm yourself or someone else? If yes, please describe:

Any childhood have fears or phobias?

Is there any history of fire-setting? If yes, please describe each event or the problem as you see it:

Tell us about any arrests or convictions, other legal issues, including custody or visitation:

How well did you do in school:	very poorly	poorly	fair	good	excellent	exceptional
How well did you do socially as a child:	very poorly	poorly	fair	good	excellent	exceptional
How well did you cope with stress as a child:	very poorly	poorly	fair	good	excellent	exceptional

Military History:

Marital History:

Tell us about your personal strengths, interests, hobbies, and activities:

Tell us if you think there are barriers that may keep you from improving or dealing with life stress, etc.:

List any other information you feel is important:

Your Signature

Date