**ADULT PERSONAL HISTORY (18 AND OLDER)**

|  |  |  |  |
| --- | --- | --- | --- |
| CLIENT NAME: |  | DATE: |  |

Please take your time and answer the questions on this form. The information will help your Social Worker understand you better. All information on this form is confidential.

MARTIAL STATUS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unmarried | |  | | |
| Live together | | | |  |
| Married |  | | | |
| Separated | | |  | |
| Divorced | | |  | |
| Widowed | | |  | |

|  |  |
| --- | --- |
| Family members you are close to now: |  |

|  |  |
| --- | --- |
| What RECENTLY HAPPENED to make you decide to seek help now? |  |
|  | |

|  |  |
| --- | --- |
| What would you like this clinic to do for you? |  |
|  | |

CIRCLE OR CHECK any of the following that apply to you now or within the past month (feel free to explain):

|  |  |  |
| --- | --- | --- |
| Hopelessness | Increased alcohol use | Nervous/Anxious |
| Loneliness | Financial worries | Mood swings |
| Loss of appetite | Loss of control in:  -sleeping | Not seeing friends |

|  |  |
| --- | --- |
| Please explain circled items: |  |
|  | |

INTERESTS/ACTIVITIES (Circle or check):

|  |  |  |
| --- | --- | --- |
| Television | Being with friends | Shopping |
| Listening to music | Being with family | Exercise |
| Reading | Cooking/eating | Playing sports |

Other interests/activities:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Have you recently lost interest in activities you normally enjoy: |  |

|  |  |
| --- | --- |
| Date of last physical: |  |

|  |  |
| --- | --- |
| Client Name: |  |

|  |  |
| --- | --- |
| Client Signature: |  |