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Adult Information Form

Today's Date: _____
Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home/Cell Phone: _____ Work Phone: _____
What's the best way to contact you? Can I leave a message?: _____
Email: _____ Occupation: _____
Emergency Contact: _____

Marital Status: Never Married Married Divorced/Separated Widowed
If married, spouse's name _____

Others in the home (grandparents, cousins, family friends):

Name/ Age/ Gender

- 1.
- 2.
- 3.
- 4.

Significant Life Events in the Last Two Years

- Death of a loved one
- Move/Work change
- Financial problems for the family
- Remarriage/ new step-siblings
- Trauma (violence, natural disaster, car accident, etc)
- Other _____
- Divorce/Separation
- Medical Problems for any family member
- Legal problems for the family (assault, DUI, etc)
- Birth of a child

Strengths or Abilities

Please describe particular strengths/abilities that you have:

Current Concerns

- Behavior at home/work
- Mood
- Eating
- Sleeping
- Suicidal thoughts
- Work performance
- Anger/Irritability
- Excessively sad/anxious
- Relationships with others
- Health
- Drugs/alcohol
- Sexual behavior
- Frequent worries/shyness

Comments: _____

Psychological History

Is there a history of any previous treatment or any evaluations? Yes No

If so, when and by whom? _____

Psychological evaluation: _____

Outpatient therapy: _____

Hospitalization(s): _____

Have you ever been to counseling before? Yes No Comments: _____

Do you take medication? Yes No

If so, please list medication(s) and dosage(s):

Who is the prescribing physician?

Medical History

Asthma or allergies Head injuries/concussions/seizures/fevers over 104 degrees

Serious accidents/hospitalizations Surgeries Problems with eating or sleeping

Comments: _____

Social Relationships

Do you have friends outside the family? Yes No

How well do you get along with others?

Family History

Has anyone in your family struggled with (treated or untreated):

Depression or Bipolar Disorder

Anxiety

Learning problems (reading, math, spelling)

Attention problems

Excessive alcohol or drug use

Sexual abuse

Physical abuse

Suicide attempts or completed suicide

Do you have any other concerns or family history?

