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Young Adult/Adult History Questionnaire

Date questionnaire completed: _____

Name: _____

Age: _____ Birth date: _____

Referral Information

Did someone refer you? If so, who? _____

Main Concerns: _____

When did you first notice the problem? _____

List any previous therapy or psychiatric consultation or treatment.

Provider name: _____

Dates of treatment: _____

Previous diagnoses: _____

Was it helpful? Why or Why not? _____

Health Information

Name of pediatrician/PCP: _____

Phone number: _____

Please indicate all medications and dietary supplements currently taken.

Medication and dosage Diagnosis Prescribing physician Date of initial prescription

Do you have any illnesses? _____

Any eating or sleeping problems? _____

Occupation Information

Name of school or employer: _____

Are you experiencing any problems at work or school? If yes, please explain. _____

Social/Emotional/Behavioral Functioning

Please indicate with an "X" if you are currently struggling in any of the following areas.

- Isolated from peers – few group or social interactions
- Misinterprets facial expressions, body language, or tone of voice
- Struggles to maintain conversation
- Struggles to make or maintain friendships
- Cries easily or often
- Depressed/appears depressed
- Excessively afraid
- Excessively angry
- Expresses specific fears

Please indicate which of the following have been experienced in members of your immediate and/or extended family.

Relationship to You (maternal/paternal)

- AIDS _____
- Alcoholism _____
- Anxiety _____
- ADHD/ADD _____
- Autism Spectrum Disorder _____
- Bipolar Disorder _____
- Birth Defects _____
- Cancer _____
- Depression _____
- Diabetes _____
- Drug Addiction _____
- Eating Disorder _____
- Heart Disease _____
- High Blood Pressure _____
- High Cholesterol _____
- Intellectual Deficiency _____
- Learning Disability _____
- Psychiatric Hospitalizations _____
- Suicide _____
(threats, attempts, completed)
- Other (specify: _____) _____

Additional Comments

Thank you for taking the time to complete this questionnaire thoroughly!