



Susan Rudnicki, Ph.D.

Adult Client Information

Date of Interview: _____

Name: _____

Address: _____

Telephone: _____ (Okay to leave a message?) ____Yes ____No

Age: _____ Date of birth: _____

Sex: _____ Race/Ethnic group status: _____

Marital status: ____ Married ____ Separated ____ Divorced
____ Widowed ____ Never Married ____ Living with partner

School/Major: _____ Year: _____

Occupation: _____ Employer: _____

Years at Current Job: _____ Highest Level of Education: _____

Primary Physician: _____ Physician Contact Info: _____

Referred by: _____

May I provide referral source a thank-you note for your referral? Yes or No
Initial here _____

If no one referred you, how did you find out about my services: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Developmental History

How was your mother's health during pregnancy? _____

How old was your mother when you were born? _____

Did she use any substances or medications during pregnancy that you are aware of?

Where there indications of fetal distress during labor or birth?

Delivery? _____ vaginal _____ cesarean _____ forceps _____ breech _____ induced

Was delivery full term? _____

How early or late? _____

Birthweight? _____

Any health complications during month following birth?

Any notable developmental delays:

Crawling? _____

Walking? _____

Speaking first words? _____

Two or three word sentences? _____

Age toilet trained? _____

Any problems with bedwetting or wetting clothes? _____

How would you characterize your gross motor and fine motor skills?

Mental Health & Psychiatric History

Have you ever received treatment for emotional/psychological problems? _____

Any history of physical/sexual/emotional abuse? _____

Have you ever sought treatment for any kind of problem with alcohol or drug use or substance abuse? _____

If yes to either, list type of treatment (e.g., psychotherapy, medication, hospitalizations, A.A.), location and duration of treatment (and any other relevant details).

Has treatment been effective?

Has an immediate family member ever been hospitalized for mental health treatment? If yes, provide reason(s), date(s), and location(s) of services.

Have you ever been arrested? If yes, provide the type(s) of offense and date(s)?

Are you currently involved in any legal proceedings? If yes, please explain.

Do you expect to become involved in any legal proceedings in the future? If yes, please explain.

If you desire to incorporate your religious beliefs and/or practices into treatment, please provide a description of your beliefs and expectations.

Medical/Health History

Physical Health:

Do you have any medical problems (e.g., high blood pressure, diabetes, etc.)?

Have you had any significant illnesses or surgeries in the past? (Have you ever been hospitalized for any medical problem)?

When was the last time you had a complete physical exam? _____

Results? _____

Any problems with hearing or vision? _____

Are you currently taking any medication? (If yes, list type, amount, purpose of medication).

Have you ever had a head injury? If yes, please explain.

Current substance use:

Do you smoke cigarettes? If yes, how many per day? _____

How much alcohol have you been drinking in the past month? List type, amount, and frequency.

Have you been taking any drugs in the past month, such as marijuana, cocaine or other street drugs? List type, amount, frequency, and other relative details.

Psychosocial History

Please list everyone currently living in your home.

Name	Relationship	Age	Level of Education	Occupation

Please list other close family members living outside your home.

Name	Relationship	Age	Level of Education	Occupation

Marital/Relationship History

Are you in a significant relationship?

How long have you been together?

What is your wife's/husband's/partner's age and occupation?

How well do you and your wife/husband/partner get along? Rate your relationship on a scale from 1 to 5: 1 Very Poor 2 Poor 3 Fair 4 Good 5 Excellent

What behaviors of your husband/wife/partner do you find disagreeable?

What behaviors of your husband/wife/partner do you find agreeable?

If divorced or separated, for what reason?

If any children, list their names and ages.

Family History

Mother's name, age, and occupation.

Where does your mother live?

How do you get along with your mother?

Has your mother ever been treated for any psychological/emotional problems or for substance abuse? What about any significant medical problems? Briefly describe.

Father's name, age, and occupation.

Where does your father live?

How do you get along with your father?

Has your father ever been treated for any psychological/emotional problems or for substance abuse? What about significant medical problems? Briefly describe.

Name of brothers/sisters, ages, and how do you get along with each sibling?

List any significant psychiatric/medical history of siblings.

Social History

Current support system (e.g. who can you count on for help when you really need it? When you feel under stress, whom can you really count on for support)?

Significant life events (e.g. moves, deaths, financial pressures, history of abuse/violence).

Educational History

Describe yourself as a student (excellent, good, fair, poor?)

What type of grades did/do you primarily earn?

Do you think your academic achievement was/is consistent with your abilities?

Have you had any learning problems or needed any type of special education program? If so, how long?

Learning Disabilities?

Behavioral/Emotional Disorders Classroom?

Resource Room?

Speech And Language?

Other, explain?

Have you ever been retained in a grade? If so, what grade and why?

Have you ever been suspended or expelled from school? Explain why.

Any problems with studying or test anxiety?

Do you/ have you generally enjoyed school?

Which classes did/do you like? What is/was your major?

Employment History

Are you working now? If yes, what are you doing?

How many hours/days per week?

How often do you miss work?

How do you get along with your fellow employees?

Any problems performing your duties?

How do you get along with your supervisor(s)?

What career aspirations do you have at the present time?

Previous employment information.

Personal Assessment

What faults do you think you have?

What are your good points?

Is there anything that I have not asked about that you feel might help us to understand your problem?

Name of person who completed this form: _____

Signature: _____ **Date:** _____

Thank you for your cooperation in completing this form.