

COMMUNITY PSYCHOLOGICAL CONSULTANTS
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ADULT INFORMATION FORM

Please complete the following form. Use additional paper or the back of these pages if necessary to respond to questions.

Respondent Information:

Name: _____

Birthdate: _____ Gender: _____

Address (including zip code): _____

Home Telephone Number (including area code): _____

Cell Number (including area code): _____

Occupation: _____

Years of Completed Education or Degree: _____

Work Telephone Number (including area code): _____

D.L.# _____ S.S.# _____

Marital Status: _____ Number of Marriages: _____

Name of Husband/Wife/Partner: _____

Reason for Referral: _____

Referred by Whom: _____ Telephone Number: _____

Please detail your marital history, including dates of marriage and divorce and the quality of your relationship with that person. _____

Please list the name, sex, age, type of relationship, and primary residence of children.

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship</u>	<u>Primary Residence</u>
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Background History:

Place of Birth: _____

Please complete information about your family of origin, including mother, father, stepparents, full siblings, half-siblings, and stepsiblings. Indicate each person’s name, role, age, level of completed education, current occupation (or, if retired, previous occupation), current marital status, and whether that member is deceased.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Please indicate (and explain briefly) if any extended family member (blood relations) has or had problems in any of the following areas:

Mental Retardation: _____

Autism: _____

Learning Disability (problems with reading, writing, spelling, math): _____

Attention Problems: _____

Problems Completing School: _____

Behavior Problems: _____

Strong Temper: _____

Anxiety or Worry: _____

Shyness: _____

Obsessions or Compulsions: _____

Panic Attacks: _____

Excessive Fears or Phobias: _____

Depression: _____

Bipolar or Cyclical Depression: _____

Suicide (attempts or completed suicide): _____

Hallucinations or Delusions: _____

Alcohol or Drug Problems: _____

Trouble with the Law: _____

Other: _____

What family stressors may impact (or have impacted) on your current functioning. Please explain. _____

Seventh Grade: _____

Eighth Grade: _____

Ninth Grade: _____

Tenth Grade: _____

Eleventh Grade: _____

Twelfth Grade: _____

Post High School: _____

Describe your adolescence and early adulthood (if applicable). Include as much as you know, including a description of yourself, your relationship with your parents, how you got along with various other family members and with people outside of the family, things you liked to do, and any problems. _____

Please indicate (by checking it) whether you have evidenced any of the following:

- Problems with Feeding or Eating _____
- Temper Tantrums _____
- Excessive Hitting _____
- Biting _____
- Self-Injurious Behaviors _____
- Social Withdrawal _____

- Rocking _____
- Shyness _____
- Problems with Sleep _____
- Excessive Fears _____
- Excessive Activity Level _____
- Difficulty Sitting Still _____
- Difficulty Paying Attention or Focusing _____
- Difficulty Completing Schoolwork _____
- Disorganization _____
- Repetitive or Compulsive Behaviors _____
- Hand flapping or Toe-walking _____
- Repetitive Vocalizations _____
- Poor Social Skills _____
- Defiance _____
- Lying _____
- Excessive Rule-Breaking _____
- Cutting _____
- Suicidal Thoughts or Attempts _____
- Trouble with the Law _____
- Running Away _____
- Truancy _____
- Problems with Drugs or Alcohol _____
- Sexual Molestation or Abuse _____
- Sexual Acting Out _____
- Other _____

If you have checked any of the above behaviors, please explain in greater detail, including at what age the behavior was observed and what, if anything, was done in response to it:

Please indicate any post high school education, including what institution(s) attended, dates of attendance, area of study, approximate GPA, and any degree(s) earned. _____

Employment History (list most recent first):

Have you ever been fired or released from an employment position, and if so, what were the reasons for this action? _____

Medical History:

Do you have a history of any medical problems, including current problems? Please explain. _____

Please indicate what medications, including dosage/administration; you are currently taking on a regular basis, why you are taking that medication, and who prescribes it.

Have you ever been hospitalized? Please explain. _____

Have you ever had surgery? Please explain. _____

Have you participated in a previous psychological evaluation? When, with whom, and for what reason(s)? What conclusions were reached? Do you feel that these conclusions were valid? _____

Have you participated in counseling? When, with whom, and for what reason (s)?

Physician (Name, Address, Phone Number): _____

Court/Legal Action:

1. Date: _____ Initiated By? _____
Reason? _____

2. Date: _____ Initiated By? _____
Reason? _____

3. Date: _____ Initiated By? _____
Reason? _____

4. Date: _____ Initiated By? _____
Reason? _____

5. Date: _____ Initiated By? _____
Reason? _____

6. Date: _____ Initiated By? _____
Reason? _____

Arrest History? (please explain) _____

Additional Information:

Please provide any additional information that may be helpful. _____
