

ADULT INFORMATION FORM

Peace

Positivity



Counseling and Wellness Center, LLC

Positivity

Peace

Name _____

Date _____

Date of Birth _____ Age _____

Gender _____

MEDICAL HISTORY

Name of Primary Care Physician _____

Physician's Address _____

Physician's Phone _____ Date of last medical evaluation _____

Current health problems: _____

Current medications: _____

Have you ever been hospitalized for psychiatric reason? (Circle One) YES / NO

Please list year and reason for hospitalization: _____

Have you ever had any previous outpatient psychotherapy? YES / NO

If yes, please list year and name of therapist: _____

Do you use recreational drugs? YES NO If no, have you used previously? YES / NO

If you are no longer using drugs, when did you stop? _____

What types of drugs do you/have you used? _____

Circle the statement that describes your current alcohol use (for the past year):

Never drink 1 drink a day 2-3 drinks a day

2-4 times a month 4 or more drinks a day.

Have you ever had a blackout due to excessive alcohol use? YES / NO

Have you ever received a DUI? YES / NO

Do you smoke cigarettes? YES NO

Do you use other forms of tobacco? YES NO If yes, what kind? _____

Do you have any relatives (children, parents, grandparents, aunts/uncles) who have experienced depression, anxiety or other emotional difficulties? Please list & note type of disorder:

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BACKGROUND INFORMATION

Please check all information that applies to your biological parents:

MOTHER _____ living FATHER _____ living

_____ deceased _____ deceased

_____ married _____ married

_____ divorced _____ divorced

_____ remarried _____ # of times _____ remarried _____ # of times

How many siblings do you have? _____ How many step-siblings/half-siblings? _____

Education/Occupational Information :

Highest level of education completed? _____

Did you experience any developmental, academic or behavioral problems as a child? YES NO Please specify if yes: _____

Current Occupation: _____

Current Employment: _____

Have you ever been fired from a job? Yes/ No

Reasons for termination: _____

Marital History

Marital status: ___ Never married ___ Married ___ Separated ___ Divorced ___ Widowed

What year were you married? _____ Spouse's name: _____

Have you been married previously? Y/N If yes, years of previous marriage: _____

Ages of children: _____

Legal Concerns

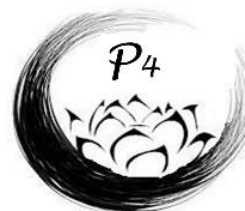
Any current Legal issues? Yes/No If Yes, please describe: _____

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Peace

Purpose



Counseling and Wellness Center, LLC

Prosperity

Power