



To be completed prior to admission by patient and/or family. Please fill in the blanks to the best of your ability.

Patient Name: _____ Date: _____

FAMILY HISTORY

A. Nuclear Family

Relationship	Name	Age	Occupation	Residing In	Currently Living? If not, when/why?
Father					
Mother					
# of Siblings		Describe Relationship with Siblings (Good, Bad, etc....)			

B. Family history of Psychiatric Illness, Chemical Dependency, or Intellectual Disability?

Relationship to Patient	Type of Illness

C. History of Abuse: (as victim or perpetrator)

Type	By Whom	Age of Occurrence	Frequency / Severity
Emotional:			
Physical:			
Sexual:			
Were Protective Services or Legal Authorities involved? Currently? _____ In the Past? _____			

D. Legal history (Include history of arrests, imprisonments, probations, lawsuits)

E. Employment / Education

Current Job:	Position:	Length:
Educational Level:	Can you read?	Write?
School Name/ Grade:	Were you in Regular Education Classes?	
City/State:	Were you in Special Education Classes?	

F. Developmental Concerns (complications of pregnancy, milestones, etc)
