

Adult Developmental History Record

NAME: _____ DOB: _____

PHYSICIAN: _____

HIGHEST GRADE COMPLETED: _____ SPOUSE'S NAME: _____

OCCUPATION: _____

SPOUSE'S OCCUPATION: _____

A. Please list the problems with which you want help.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

B. Where you specifically referred by someone? Yes _____ No _____

If so, whom? _____

C. Have you had previous evaluations? Yes _____ No _____

If so, by whom and when? It will be helpful to bring any available report(s).

D. Have you received any psychological or psychiatric treatment? If so, please list approximate dates and types of treatment (including name of medication):

E. Health

List all illnesses, hospitalizations, medications, allergies, head injuries, important accidents/injuries, surgeries, seizures, and other medical conditions.

<u>Condition</u>	<u>Age</u>	<u>Treatment</u>	<u>Consequences</u>

Any allergies? Please list: _____

F. Family History

Please list any psychological condition, attentional weaknesses, learning issues, behavioral problems, or other mental illness in any immediate or extended family member.

<u>Diagnosis or Condition</u>	<u>Family Member</u>

1. Father's present age _____ School level completed _____
 Present occupation _____
 General health _____

2. Mother's present age _____ School level completed _____
 Present occupation _____
 General health _____

3. Brother(s): Age(s)

Sister(s): Age(s)

4. Were you adopted? _____

5. Currently married? _____

6. Child(ren): Age(s)

G. Education

1. Schools attended?

2. Academic issues:

3. Behavioral issues:

H. Behavioral Concern Inventory

Please indicate (by circling) any possible behavioral concerns you might have about your behavior.

- Moody
- Worry a lot
- Depressed
- Many fears
- Panic easily
- Lost interest in things I used to enjoy
- Get angry easily
- Headaches or stomach aches
- Go through certain rituals or odd habits regularly
- Extremely preoccupied with cleanliness
- Frequently tired
- Rejected by peers
- Trouble forming new friendships
- Marital problems
- Difficulty paying attention
- Restless
- Impulsive (do things or say things without thinking)
- Memory problems
- Poor organizational skills
- Inconsistent work performance
- Behavioral problems as a child
- Learning problems as a child
- In trouble as a teenager
- Kept back in school
- An honor student
- Special education services
- Emotional problems
- Drug or alcohol problems