

BACKGROUND INFORMATION FORM - ADULT

I. IDENTIFYING INFORMATION

Client's Name: _____ Birth Date: _____ Race: _____

Address: _____

Telephone: _____

Marital Status: Single Married Separated Divorced Widowed

Spouse/Partner: _____ Birth Date: _____ Race: _____

Address and phone (if different from above): _____

Other Family Members: (List ALL siblings, also list other family members living in client's household. Place a \checkmark next to those living in the home.)

Name:	<u>Birth Date</u>	Relationship to Client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Occupation: _____

Place of Business _____

Highest Level of Education Completed _____ Year: _____

School/University _____

Any history of Special Education in school? Yes No

II. MEDICAL HISTORY

Primary Care Physician _____

Current Medical Condition(s): _____

Allergies: _____

Prior Medical Procedures: _____

Hx of Lead poisoning Yes No

Hx of Head Injury Yes No Loss of consciousness Yes No Seizure Yes No Chronic/Acute Pain Yes No

III. TREATMENT HISTORY

CURRENT Treatment Providers (e.g., Mental Health, In-School Services, Developmental Specialists, etc.):

Agency	Date Begun	Contact Person/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Medication(s) - Name:	Dose	Prescribing Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR Treatment (Incl.Mental Health, Psychiatric Hospitalizations; Placements; Developmental Specialists, etc.):

Agency	Dates	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. COMMUNITY SUPPORTS

Religious affiliation (optional) _____ Place of Worship _____

Employment experience:
 Group/Organization _____ Dates _____

Past and Present Leisure Activities (e.g., Hobbies, Sports, Recreational Activities.):
 Group/Organization _____ Dates _____

Please answer the following questions:

- Any history of mental health issues in your immediate or extended family? Yes No
- Any history of substance abuse in your immediate or extended family? Yes No
- Any history of legal problems in your immediate or extended family? Yes No
- Any family history of domestic violence? Yes No
- Any history of physical abuse? Yes No
- Any history of sexual abuse? Yes No
- Any history of neglect of client? Yes No

Please use the back of this form for information that was unable to fit in the spaces provided. Thank you.