

WILLIAM BECKETT & ASSOCIATES
ADULT SOCIAL HISTORY INTAKE

NAME _____ AGE _____ DATE _____

DESCRIPTION OF PROBLEMS AND THERAPY EXPECTATIONS

Please state the major problem for which you are seeking treatment _____

What are your current expectations for treatment? _____

What is your idea as to how these problems came about? _____

FAMILY INFORMATION

NAME	RELATIONSHIP	AGE	SEX	OCCUPATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DEVELOPMENTAL HISTORY

Please check any of the following which were problems in the family in which you were raised:

<input type="checkbox"/> Frequent moves	<input type="checkbox"/> Alcohol/Drugs	<input type="checkbox"/> Death of family member
<input type="checkbox"/> Parents divorce	<input type="checkbox"/> Legal Problems	<input type="checkbox"/> Abuse/Neglect
<input type="checkbox"/> Parents remarriage	<input type="checkbox"/> Parent conflict	<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> Parents separated	<input type="checkbox"/> Parent job loss	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Family illness	<input type="checkbox"/> Financial stress	<input type="checkbox"/> Emotional problems
<input type="checkbox"/> Loss of job	<input type="checkbox"/> Personal illness	<input type="checkbox"/> Learning problems
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other issue (wish to discuss with counselor in person)		

Information about your development up to the age of 18 may help clarify a problem you might presently be having. Please place a check mark in the blank for those applying to you.

<input type="checkbox"/> Premature birth	<input type="checkbox"/> Avoiding others	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Birth defect	<input type="checkbox"/> Nervous	<input type="checkbox"/> Fidgety/restless
<input type="checkbox"/> Head injury	<input type="checkbox"/> abuse/neglect	<input type="checkbox"/> Eating problems
<input type="checkbox"/> Talking	<input type="checkbox"/> Refusing to walk	<input type="checkbox"/> Bad dreams
<input type="checkbox"/> Learning problems	<input type="checkbox"/> Speech problems	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Poor coordination	<input type="checkbox"/> Frequent ear problems	<input type="checkbox"/> School behavior

ADULT SOCIAL HISTORY
PAGE 2

DEVELOPMENT CONTINUED:

<input type="checkbox"/> Feeling rejected	<input type="checkbox"/> Visual problems	<input type="checkbox"/> Fearful of leaving home
<input type="checkbox"/> Behavioral problems	<input type="checkbox"/> Strong willed	<input type="checkbox"/> "Worry wart"
<input type="checkbox"/> Leaving a loved one	<input type="checkbox"/> Toilet training	<input type="checkbox"/> Few friends
<input type="checkbox"/> Overweight	<input type="checkbox"/> Small for age	<input type="checkbox"/> Shy
<input type="checkbox"/> Ran away from home	<input type="checkbox"/> Fighting	<input type="checkbox"/> Picked on
<input type="checkbox"/> Repeated grade	<input type="checkbox"/> Reading problems	<input type="checkbox"/> Trouble with police

RELATIONSHIPS

How would you rate your present relationship with the following: If an item doesn't apply check NA

FATHER	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> problem for you	<input type="checkbox"/> NA
MOTHER	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> problem for you	<input type="checkbox"/> NA
BROTHER	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> problem for you	<input type="checkbox"/> NA
SISTER	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> problem for you	<input type="checkbox"/> NA
SPOUSE	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> problem for you	<input type="checkbox"/> NA
SON	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> problem for you	<input type="checkbox"/> NA
DAUGHTER	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> problem for you	<input type="checkbox"/> NA
IN-LAWS	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> problem for you	<input type="checkbox"/> NA
EMPLOYER	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> problem for you	<input type="checkbox"/> NA
FRIENDS	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> problem for you	<input type="checkbox"/> NA

EDUCATIONAL HISTORY

Highest grade attended _____ Location _____

Highest grade completed _____ Education beyond high school yes no

College _____ #years _____ Degree yes no

Vocational or technical training yes no

OCCUPATIONAL HISTORY

Current employment status employed unemployed retired disabled

workers compensation.

Type of work _____

How long have you held your present job? _____

Have you had problems gaining employment? yes no

How many jobs have you held in the past 5 years? _____

MILITARY HISTORY

Are you a veteran? yes no. If yes, what branch of service _____

Entered _____ Age ____ Discharged _____ Age ____ Type of discharge _____

Special training _____ Combat _____

ADULT SOCIAL HISTORY
PAGE 3

MARITAL HISTORY

	First	Second	Third
() married	date _____	date _____	date _____
() separated	date _____	date _____	date _____
() divorced	date _____	date _____	date _____
() widowed	date _____	date _____	date _____

Explain reasons for divorce/separation _____

If you are not married, have you or are you living intimately with another person? _____

Are there major differences in values with you and your partner? _____

What areas of conflict do you most encounter with your partner? _____

Rate the quality of communication between you and your partner (circle one)

EXCELLENT GOOD FAIR POOR VERY DISRUPTIVE

Are you currently thinking of divorce or separation? _____

To what extent are you satisfied with your sexual relationship? (circle one)

VERY SOMEWHAT SOMEWHAT VERY NO
SATISFIED SATISFIED DISSATISFIED DISSATISFIED OPINION

Have there ever been any sexual problems for either you or your partner? _____

Does your style of discipline and child rearing differ from that of your partner? _____

Whose approach in discipline is most likely to be followed? (circle one)

YOURS YOUR PARTNERS OTHER INFLUENCES

How would you describe your relationship with your children? (circle one)

VERY HAPPY PLEASANT BEARABLE UNHAPPY

ADULT SOCIAL HISTORY
PAGE 4

LEGAL HISTORY

Have you ever been in trouble with the law as a juvenile? _____ Yes _____ No

Explain _____

Have you ever been in trouble with the law as an adult? _____ Yes _____ No

Explain _____

Are you currently working with an attorney on any legal matters? _____ Yes _____ No

Explain _____

Have you ever had a D.U.I.? _____ Yes _____ No

How many _____

Have you ever been in jail? _____ Yes _____ No

Explain _____

LEISURE ACTIVITIES/HOBBIES

Describe your hobbies, special interests and activities _____

RELIGIOUS HISTORY

Do you believe in God or a Higher Being? _____

In what denomination were you raised? _____

What is your denomination now? _____

How important is your religion to you now? _____

Do you worry about religious matters? _____

Does your partner share your religious convictions? _____

ADULT SOCIAL HISTORY
PAGE 5

Rate yourself on the following scales: (circle the "X" that best describes you)

AVERAGE				
shy				outgoing/sociable
x	x	x	x	x
passive				assertive/dominate
x	x	x	x	x
emotionally controlled				impulsive
x	x	x	x	x
trusting				suspicious/defensive
x	x	x	x	x
a follower				a leader
x	x	x	x	x
person who avoids harm				risk taker/bold
x	x	x	x	x
set in ways/unchanging				interested in new experiences/flexible
x	x	x	x	x
sensitive				emotionally controlled/unaffected
x	x	x	x	x
dependent				independent
x	x	x	x	x
disorganized				organized
x	x	x	x	x

What do you see yourself doing in ten years from now? _____

MENTAL HEALTH HISTORY

Have you, in the past sought the help of a:

Psychiatrist _____ Psychologist _____ Counselor _____ Minister _____ Social Worker _____

Explain who you saw, when, and for what purpose

NAME	DATE	REASON
_____	_____	_____
_____	_____	_____

Have you been previously hospitalized for mental health treatment? YES _____ NO _____

HOSPITAL/DOCTOR	DATES	REASON
_____	_____	_____
_____	_____	_____

Have you been prescribed medication for a mental health problem?

MEDICATION	DATE	DOCTOR
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULT SOCIAL HISTORY
PAGE 6

ALCOHOL/DRUG HISTORY

	YES	NO
Do you feel you are a normal drinker?	_____	_____
Does your partner, parent or others worry or complain about your drinking?	_____	_____
Do you ever feel guilty about your drinking?	_____	_____
Do friends or relatives think you are a normal drinker?	_____	_____
Have you ever attended a meeting of Alcoholics Anonymous?	_____	_____
Has drinking ever created problems between you and your partner, parent, or other near relatives?	_____	_____
Have you ever gotten into trouble at work because of drinking?	_____	_____
Have you ever neglected your obligations, your family, or work for 2 or more days in a row because you were drinking?	_____	_____
Have you ever gone to anyone for help about your drinking?	_____	_____
Have you ever been hospitalized because of drinking?	_____	_____
Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcohol?	_____	_____
Have you ever been arrested, even for a few hours, because of other drunken behavior?	_____	_____
Are you currently using any other drugs other than alcohol?	_____	_____
Explain _____	_____	_____

CURRENT SOURCES OF STRESS

List below the five most significant sources of stress or worry for you

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

I'll know I'm better when I can:

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

CLIENT SIGNATURE/DATE