

Behavioral Pediatric & Family Therapy Program Adult Family Inventory

Name _____ Telephone _____ DOB _____

Address _____ Marital Status _____ Age _____

Employment _____ Position _____

Work Phone _____ Length of Employment _____ Work Hours _____

Education Completed _____ Where _____

Partner's Name _____ Telephone _____ DOB _____

Address _____ Marital Status _____ Age _____

Employment _____ Position _____

Work Phone _____ Length of Employment _____ Work Hours _____

Education Completed _____ Where _____

Names of Children/Step-Children	DOB	Age	School Attended	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you (or spouse) even been involved in therapy or any other type of counseling program?

Yes _____ No _____

If Yes, When _____ Where _____

Reasons _____

Reasons for considering counseling at this time _____

Who referred you? _____

(Continued on back)

Are you currently taking a psychiatric medication? Yes _____ No _____

If yes, list medication, dosage, and start date _____

Name of physician _____

Have you ever been hospitalized for any mental health reasons? Yes _____ No _____

If yes, When? _____ Where? _____

Have you ever, or are you now being treated for any type of chemical dependency abuse?

Yes _____ No _____

If yes, When? _____ Where? _____ Length of treatment _____

Did you participate in follow-up counseling? Yes _____ No _____ With Whom? _____

Are you presently under a physician's care for physical health problems? Yes _____ No _____

If yes, please list conditions and any medications _____

Name of Family Physician _____

Address _____ Telephone _____

Have you ever been arrested and/or committed a crime? Yes _____ No _____

If yes, When _____ Please describe _____

Outcome of situation _____

Please list anyone else with whom you presently live (other than partner or children):

If need be, would other relatives be willing to come to therapy sessions? Yes _____ No _____

If no, please indicate reason _____