



# Northwest Psychological Center

## Medical Information

Have you had any prior significant medical history:  Yes  No (If yes, please complete below)

|             |       |               |       |
|-------------|-------|---------------|-------|
| Illness:    | _____ | Date:         | _____ |
|             | _____ |               | _____ |
|             | _____ |               | _____ |
| Injury:     | _____ | Date:         | _____ |
|             | _____ |               | _____ |
|             | _____ |               | _____ |
| Surgery:    | _____ | Date:         | _____ |
|             | _____ |               | _____ |
|             | _____ |               | _____ |
| Medication: | _____ | Date Started: | _____ |
|             | _____ |               | _____ |

Alcohol Use:  Yes  No (If yes, please complete below)

Date started: \_\_\_\_\_

Is your alcohol use:  Light  Moderate  Heavy

What do you commonly drink?  Beer  Wine  Hard liquor  Other: \_\_\_\_\_

Drug Use:  Yes  No (If yes, please complete below)

Date started: \_\_\_\_\_

What drugs have you used in the past? \_\_\_\_\_

## Educational Background

Did you complete high school?  Yes  No (If no, do you have a GED?  Yes  No)

Did you attend college?  Yes  No (If yes, how many years? \_\_\_\_\_)

## Family Background

Are you currently married?  Yes  No

If no, have you been married before?  Yes  No (If yes, how many times? \_\_\_\_\_)

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Have you suffered a death in your family in the past three years?  Yes  No (Whom: \_\_\_\_\_)

Any family members have psychiatric problems  Yes  No (If yes, whom: \_\_\_\_\_)

What type of problems? \_\_\_\_\_

## Employment History

Briefly describe your employment during the past 10 years:

\_\_\_\_\_

\_\_\_\_\_

## Legal History

Have you ever been arrested for or convicted of a crime?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_



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## Social History

Briefly describe what your social life is like:

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## History of Traumas/Abuse

Have you ever been abused physically, mentally, or sexually at any time in your life?  Yes  No

If yes: Age(s) \_\_\_\_\_

Abuser(s) \_\_\_\_\_

Types of Abuse:  Physical  Mental  Sexual  Neglect