



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:

Social History

Briefly describe what your social life is like:

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