

Paul M. Hamilton, Ph.D.

Licensed Psychologist

101 N. Magnolia
Rockport, TX 78382
(361) 727-0143

ADULT HISTORY

Name: _____ Today's Date: _____
Date of Birth: _____ I was referred by: _____
Age: _____

REASON FOR EVALUATION:

BACKGROUND INFORMATION:

Current Family Status: Single Married Divorced Separated

Names and Ages of Children:

Relationship with spouse:

Relationship with children:

Other marriages, children:

Historical Family:

Were you raised by: Biological parents One or more Step-parents:

At what age did your parents divorce:

At what age did your parent remarry?

What is the age of your Mother: _____ Father: _____ Step-parent: _____

What language was spoken at home?

What language(s) do you speak?

What are the ages of your brothers?

What are the ages of your sisters?

How would you describe your relationship with Mother while growing up?

How would you describe your relationship with Mother now?

How would you describe your relationship with Father while growing up?

How would you describe your relationship with Father now?

How would you describe your relationship with step-parent?

What was the most upsetting event in your life?

Is there any history of physical/sexual abuse?

Social:

Did you have friends when growing up?

How many close Friends?

How old were you when you began dating?

Did you date one or two people, or many?

Do you currently have friends? How many close Friends?

Do you make friends easily, or do you find it difficult to make friends?

Educational History:

How far did you get in school? What is your highest Degree?

What kinds of grades did you make in high school?

What training did you get following high school?

Did you have any specific or general school problems (slow learner, dyslexic)?

Did you have any behavioral difficulties?

What was your reason for terminating your education?

What is your current job?

What was your longest employment?

What was your shortest employment?

What other jobs have you had?

Military experience: Branch?

Type of Discharge:

Highest rank attained:

Highest Rank at Discharge:

Hobbies:

Goals: Career:

Personal:

Health History:

What health problems do you currently have?

What medications are you taking?

What previous hospitalizations have you had?

Have you undergone psychological therapy or testing before? Why?

What was the outcome?

Have you had exposure to toxic substances (explain)?

Have ever been knocked unconscious? How long?

Have you ever suffered whiplash?

What health and mental health problems are in your family's history?

Do you drink alcohol? Y N If so, how often do you drink?

How much do you usually drink?

Have you ever had a problem with alcohol or other substance use?

If so, please describe the problem:

Any criminal involvement, arrests:

Any Current stressors in your life (divorce, deaths, pregnancy, unemployment)?

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