



Family Psychiatric History: _____

Educational History (include grade in school, history of psychoeducational testing, special education, failure or difficulties with handwriting, spelling, reading, math, speech, referrals & results):

Work History (include jobs, goals, challenges):

Drug and Alcohol History (include description of substances you have used, in the past and currently, and any previous treatment for substance dependence or abuse)

Medical History (include chronic or acute illness or physical complaints, immunizations, head injury, loss of consciousness, tics, seizures, snoring, hospitalizations, accidents, medications, allergies):

Your Strengths:

Client's signature

Date