





**Family Psychiatric History:** \_\_\_\_\_

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

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**Work History** (include jobs, goals, challenges):

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**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)

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

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**Your Strengths:**

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Client's signature

Date