



**The Jones Center for Children's Therapy and Assessment**

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**ADULT (18+) PATIENT HISTORY**

Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

*Dear Patient,*

*To help establish you with our practice, please provide us with your complete medical and mental health history. Thank you and we look forward to working with you!*

In your own words, please describe why you are seeking services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were you referred by an outside source, such as a medical doctor? Who? \_\_\_\_\_

Family Members/Others Residing in Your Home	Age	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current Marital Status:** Single Married Widowed Separated Divorced Common Law

**Family of Origin**

Father: \_\_\_\_\_ Age (if living/or deceased): \_\_\_\_\_  
Occupation: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_  
Describe your current and past father/child relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_ Age (if living/or deceased): \_\_\_\_\_  
Occupation: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_  
Describe your current and past mother/child relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Siblings/Children/Other Important Family Members	Age	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

With whom did you live during your childhood? \_\_\_\_\_

Where did you grow up? \_\_\_\_\_

\_\_\_\_\_

Describe your childhood: \_\_\_\_\_

\_\_\_\_\_

Describe your adolescence: \_\_\_\_\_

\_\_\_\_\_

Have you experienced any significant deaths or losses? Y or N If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Maternal Family Psychiatric History (If so, who?)**

Depression/sadness \_\_\_\_\_

Suicidal ideation/attempt \_\_\_\_\_

Anxiety/excessive worry \_\_\_\_\_

Panic attacks \_\_\_\_\_

Posttraumatic Stress Disorder \_\_\_\_\_

Bipolar Disorder \_\_\_\_\_

Obsessive-compulsive tendencies \_\_\_\_\_

Schizophrenia \_\_\_\_\_

Attention problems/ADHD \_\_\_\_\_

Learning problems \_\_\_\_\_

Autism Spectrum Disorder \_\_\_\_\_

Alcohol/drug abuse \_\_\_\_\_

Problems with the law \_\_\_\_\_

Seizures \_\_\_\_\_

Other \_\_\_\_\_

**Paternal Family Psychiatric History (If so, who?)**

Depression/sadness \_\_\_\_\_

Suicidal ideation/attempt \_\_\_\_\_

Anxiety/excessive worry \_\_\_\_\_

Panic attacks \_\_\_\_\_

Posttraumatic Stress Disorder \_\_\_\_\_

Bipolar Disorder \_\_\_\_\_

Obsessive-compulsive tendencies \_\_\_\_\_

Schizophrenia \_\_\_\_\_

Attention problems/ADHD \_\_\_\_\_

Learning problems \_\_\_\_\_

Autism Spectrum Disorder \_\_\_\_\_

Alcohol/drug abuse \_\_\_\_\_

Problems with the law \_\_\_\_\_

Seizures \_\_\_\_\_

Other \_\_\_\_\_

Do you have a sibling(s), half-sibling(s), or child(ren) who suffers any of the aforementioned psychological issues/ disorders? Y or N If yes, who and what? \_\_\_\_\_

\_\_\_\_\_

**Medical History**

Have you had any history of, difficulty with, or diagnosis of any of the following? Check the box to the right if so.

Illness	Y	Notes	Illness	Y	Notes
Allergies			Heart problem		
Arthritis			Hepatitis		
Asthma			High/low blood pressure		
Broken bone(s)			HIV+/AIDS		
Cancer			Liver problems		
Diabetes			Lung problems		
Eating disorder			Organ transplant		
Emotional problems			Osteoporosis		
Epilepsy/seizures			STD		
Fainting			Shortness of breath		
Head injury/concussion			Stroke		
Loss of consciousness			Substance/alcohol abuse		
Headaches/migraines			Tobacco use		
Hearing problems			Thyroid problems		

Have you ever had a surgery? Y or N If yes, what and why? \_\_\_\_\_

Other illnesses/medical concerns: \_\_\_\_\_

\_\_\_\_\_

Current regularly used medications, including prescriptions, over-the-counters, herbals, and/or essential oils:

Medication	Dosage	Times/Day	For what reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional prescription medications used in the past:

Medication	For what reason	Reason for discontinuation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Mental and Emotional History**

SYMPTOM	Y	N	ST	NOTES
Alcohol abuse				
Anger				
Anxiety/nervousness/worry				
Appetite (increased or decreased)				
Attention problems				
Communication problems				
Conflict with child(ren)				
Depression/sadness				
Difficulty making decisions				
Divorce				
Domestic violence				
Educational/school problems				
Fatigue				
Feelings of inferiority				
Financial problems				
Health problems				
Hyperactivity				
Illicit drug use				
Impulsivity				
Insomnia/hypersomnia				
Lack of energy				
Learning problems				
Loneliness				
Legal matters				
Mania				
Marital problems				
Nightmares				
Obsessive-compulsive tendencies				
Occupational problems				
Parenting				
Poor body image				
Posttraumatic stress				
Prescription drug abuse				
Racing thoughts				
Religious/spiritual problems				
Self-control problems				
Separation				
Sexual problems				
Social problems				
Stress				

Stomach trouble				
Suicidal thoughts				
Suicide attempt				
Temper				

Other Difficulties: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been abused? Y or N (circle one and all that may apply)  
 Sexually      Verbally      Physically      Mentally      Emotionally      Other: \_\_\_\_\_  
 If Yes, who was the abuser? \_\_\_\_\_

Has you ever experienced any other traumatic event(s)? Y or N If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever participated in therapy? Y or N      Have you ever undergone psychological testing? Y or N  
 With whom? \_\_\_\_\_      When? \_\_\_\_\_  
 Was a diagnosis assigned? Y or N If yes, what? \_\_\_\_\_  
 Was the previous treatment beneficial? Y or N Please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been admitted for inpatient psychiatric care? Y or N If Yes, please provide details regarding admission dates, precipitating events, treatment received, perceived benefit, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Educational and Employment History**

What is your highest level of education? \_\_\_\_\_  
 Are you currently attending college? Y or N If yes, what school? \_\_\_\_\_  
 Where did you attend high school? \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
 Did you/do you have difficulty in school? Y or N If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Describe your employment history for the past five years beginning with your current position:

Employer	Position	Time in Job	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever served in the military service? Y or N If yes, when, where, etc.? \_\_\_\_\_  
 \_\_\_\_\_

Which branch? \_\_\_\_\_ Rank? \_\_\_\_\_  
 Did you ever serve in combat? Y or N If yes, please describe your experience. \_\_\_\_\_  
 \_\_\_\_\_

**Legal History**

Have you ever been arrested? Y or N If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been incarcerated? Y or N If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Are problems with the law currently a concern for you? Y or N If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Recreational and Leisure Activities**

Do you have any hobbies? Y or N Please explain: \_\_\_\_\_

Do you engage in pleasurable activities with others? Y or N Please explain: \_\_\_\_\_

Do you attend church? Y or N Are spiritual issues important to you? Y or N Please explain: \_\_\_\_\_

**Strengths and Weaknesses**

What do you think are your biggest personal strengths?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

What do you think are your biggest personal weaknesses/limitations?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Please provide any additional information you think we need to know.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature and Date**