



MELBOURNE
INTEGRATIVE PSYCHOLOGY
3270 Suntree Blvd., Suite 216
Melbourne, FL 32940
321-757-4058

- * Please print and complete this form and bring it to your first session *
- Please print, complete and also bring your completed **Checklist of Concerns**.
- * Please bring your insurance card and a photo ID.

Adult History Questionnaire

Name: _____
Age: _____ Date of birth: _____ E-mail _____
Address: _____
Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Please list the name, age, and relationship of others currently living with you:

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is it okay to send mail to your home address? _____
Home telephone number (with area code): _____
Is it okay to call or leave a message at your home number? _____
Cell phone number (with area code): _____
Is it okay to call or leave a message at your cell phone number? _____

Insurance Information *(if being utilized—We are a provider for Cigna, Medicare, & Tricare for Life)*

Name of your insurance: _____
Insurance ID# _____
Social Security Number *(necessary for billing)* _____
Policy Holder: _____ Policy Holder DOB: _____
Employer: _____

Referral and Prior Treatment

Who referred you to this office? _____

What problem or situation motivated you to seek therapy at this time?

What are your treatment goals?

Have you ever been in therapy or received mental health treatment? *(If yes, please list the reason, provider, place, and dates of therapy)*

Have you ever been hospitalized for mental health problems? *(If yes, please list the reason, hospital, place, and dates)*

Have you ever attempted suicide? *(If yes, please provide dates and brief description)*

Medical History

How is your physical health?

Do you have any chronic physical symptoms or health concerns? *(If yes, please list)*

Please provide the name, address, and phone number of your primary care physician:

Please list the psychotropic medications (e.g. antidepressants, etc.) if any, you are taking along with the dose and name of the prescriber.

Has any member of your family received psychiatric or psychological treatment? If so, please describe (for what problem, what type of treatment).

How much alcohol do you drink in an average week?

Has drinking ever interfered with your work or daily activities?

Have you ever received a DUI?

Do you use any substances? If so, please describe:

Has anyone ever complained about your use of alcohol or drugs?

Family History

Who were the primary people who raised you?

Please describe what it was generally like for you growing up:

List your brothers and sisters (including step-siblings), their ages and where they live:

Marital History

If you are currently living with your spouse or with someone with whom you are having a relationship, how well do you get along with this person?

How many times have you been married?

Please describe any problems that exist between people in your home:

Please list the names of your children who are not living with you including your current spouse/partner's children. Please provide age and where the child lives.

Professional/Occupational History

What is the highest level of education you have completed?

What do you do for a living?

How would you rate your present job?

Miscellaneous

Have you ever had any legal problems such as arrests, convictions, probation? (if yes, please describe):

Have you ever been in the military? (if yes, please describe):

What are your hobbies or leisure activities?

What is your religious/spiritual background?