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ADULT INFORMATION FORM

Please complete the following form. Use additional paper or the back of these pages if necessary to respond to questions.

Respondent Information:

Full Name _____

Preferred Name _____ Gender Preference _____

Age _____ Date of Birth _____

Address (including zip code) _____

Home Phone Number (including area code) _____

Cell Phone Number (including area code) _____

Occupation _____

Employer _____

Years of Completed Education/Highest Degree Earned _____

Marital Status _____ Number of Marriages _____

Name of Husband/Wife/Partner _____

Presenting Concerns _____

Referred by Whom _____

If you would like me to contact your referral source, please provide the following information

(and complete a Release of Information, to be provided)

Telephone Number _____ Email _____ Address _____

Relationship History:

Please detail your relationship history, including the name, education, and employment of

your current partner (if any), your relationship status with that person, and dates of previous

marriages/dissolutions. _____

1

Please list the name, sex, age, type of relationship, and primary residence of children (if any)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Background History:

Place of Birth _____

Please complete information about your family of origin, including mother, father, stepparents, full siblings, half-siblings, and stepsiblings. Indicate each person's name, role in your life, age, level of completed education, current occupation (or, if retired, previous occupation), current marital status, and whether that member is deceased.

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
-
-

Please indicate (and explain briefly) if any extended family member (blood relations) has or had problems in any of the following areas

Mental Retardation/Cognitive Impairment _____

Autism _____

Learning Disability (problems learning reading, writing, spelling, math skills) _____

Attention Problems _____

Problems Completing School _____

Behavior Problems _____

Strong Temper: _____

Anxiety or Worry _____

Shyness _____

Obsessions or Compulsions _____

Panic Attacks _____

Excessive Fears or Phobias _____

Depression _____

Bipolar or Cyclical Depression _____

Suicide (attempts or completed suicide) _____

Hallucinations or Delusions _____

Alcohol or Drug Problems _____

Trouble with the Law _____

Other _____

What family stressors may impact (or have impacted) on your current functioning (please explain)? _____

Describe your childhood from birth through eighth grade. Include as much as you know, including a description of yourself as an infant and child, your relationship with your parents, how you got along with various other family members and with people outside of the family, things you liked to do, and any problems.

Please indicate what problems (if any) were noted in school, including learning problems, behavioral problems, referral for special services, suspensions or expulsions, retention, or other problems.

Preschool and/or Pre-kindergarten (including age at attendance) _____

Kindergarten (including age at attendance) _____

Grade _____

First

Second Grade _____

Grade _____

Third

Grade _____

Fourth

Grade _____

Fifth

Grade _____

Sixth

Seventh Grade _____

Grade _____

Eighth

Grade _____

Ninth

Grade _____

Tenth

Eleventh Grade _____

Twelfth Grade _____

Post

High School _____

Describe your adolescence and early adulthood (if applicable). Include as much as you know, including a description of yourself, your relationship with your parents, how you got along with various other family members and with people outside of the family, things you liked to do, and any problems. _____

Please indicate (by checking it) whether you have evidenced any of the following: Problems with Feeding or Eating _____

Temper Tantrums _____

Excessive Hitting _____

Biting _____

Self-Injurious Behaviors _____

Social Withdrawal _____

Rocking _____

Shyness _____

Problems with Sleep _____

Excessive Fears _____

Excessive Activity Level _____

Difficulty Sitting Still _____

Difficulty Paying Attention or Focusing _____

Difficulty Completing Schoolwork _____

Disorganization _____

Repetitive or Compulsive Behaviors _____

Hand flapping or Toe-walking _____

Repetitive Vocalizations _____

Poor Social Skills _____

Defiance _____

Lying _____

Excessive Rule-Breaking _____

Cutting _____

Suicidal Thoughts or Attempts _____

Trouble with the Law _____

Running Away _____

Truancy _____

Problems with Drugs or Alcohol _____

Sexual Molestation or Abuse _____

Sexual Acting Out _____

Other _____

If you have checked any of the above behaviors, please explain in greater detail, including at what age the behavior was observed and what, if anything, was done in response to it.

Please indicate any post high school education/training, including name(s) of institution(s) attended, dates of attendance, area of study, approximate GPA, and any degree(s) earned.

Employment History (list most recent first)

Have you ever been fired or released from an employment position, and if so, what were the reasons for this action? _____

Medical History:

Do you have a history of any medical problems, including current problems? Please explain.

Please indicate what medications, including dosage/administration; you are currently taking on a regular basis, why you are taking that medication, and who prescribes it.

Have you ever been hospitalized? Please explain. _____

Have you ever had surgery? Please explain. _____

Have you participated in a previous psychological evaluation? When, with whom, and for what reason(s)? What conclusions were reached? Do you feel that these conclusions were valid? _____

Have you participated in counseling? When, with whom, and for what reason (s)?

Therapist/Counselor (s) (Name, Address, Email, Phone Number) _____

Physician (Name, Address, Phone Number) _____

Court/Legal Action, including date, initiated by, reason (if relevant):

Additional Information:

Please provide any additional information that may be helpful. _____

