

# Forward Choices, LLC

6040 W Lisbon Ave, Suite 103  
Milwaukee, WI 53210

Telephone: 414-442-1751

Fax: 414-442-1775

## Personal History—Adult (18+)

Client's name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: **F** **M** Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Form completed by (if someone other than client): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ ext: \_\_\_\_\_

If you need any more space for any of the questions please use the back of the sheet.

Primary reason(s) for seeking services:

Anger management  Anxiety  Coping  Depression

Eating disorder  Fear/phobias  Mental confusion

Sexual concerns  Sleeping problems

Alcohol/drugs  Addictive behaviors

Other mental health concerns (specify): \_\_\_\_\_

### Family Information

Relationship:	Name:	Age:	Living with you Y/N:
Mother			
Father			
Spouse			
Siblings			
Children			
Grandparents			
Other			

**Forward Choices, LLC**

6040 W Lisbon Ave, Suite 103  
Milwaukee, WI 53210

Telephone: 414-442-1751

Fax: 414-442-1775

**Marital Status** (more than one answer may apply)

Single       Divorce in process       Unmarried, living together

Legally married       Separated       Divorced

Length of time: \_\_\_\_\_ Length of time: \_\_\_\_\_ Length of time: \_\_\_\_\_

Widowed       Annulment

Length of time: \_\_\_\_\_ Length of time: \_\_\_\_\_

Total number of marriages: \_\_\_\_\_

Assessment of current relationship (if applicable): **Good Fair Poor**

**Parental Information**

Parents legally married

Parents ever divorced

Mother remarried  Father remarried

Special circumstances (e.g., raised by person other than parents, information about spouse/children not living with you, etc.): \_\_\_\_\_

**Development**

Are there special, unusual, or traumatic circumstances that affected your development? **Yes No**

If Yes, please describe: \_\_\_\_\_

Has there been history of child abuse? **Yes No**

If Yes, which type(s)? **Sexual Physical Verbal**

If Yes, the abuse was as a: **Victim Perpetrator**

Other childhood issues: **Neglect Inadequate nutrition**

Other (please specify): \_\_\_\_\_

Comments re: childhood development: \_\_\_\_\_

**Social Relationships**

Circle how you generally get along with other people: (check all that apply)

**Affectionate Aggressive Avoidant Fight/argue often Follower**  
**Friendly Leader Outgoing Shy/withdrawn Submissive**

Other (specify): \_\_\_\_\_

Sexual orientation: \_\_\_\_\_ Comments: \_\_\_\_\_

Sexual dysfunctions? **Yes No**

If Yes, describe: \_\_\_\_\_

Any current or history of being as sexual perpetrator? **Yes No**

**Forward Choices, LLC**

6040 W Lisbon Ave, Suite 103  
Milwaukee, WI 53210

Telephone: 414-442-1751

Fax: 414-442-1775

If Yes, describe: \_\_\_\_\_

**Cultural/Ethnic**

To which cultural or ethnic group, if any, do you belong? \_\_\_\_\_

Are you experiencing any problems due to cultural or ethnic issues?

**Yes No**

If Yes, describe: \_\_\_\_\_

Other cultural/ethnic information: \_\_\_\_\_

**Spiritual/Religious**

How important to you are spiritual matters?

**Not Little Moderate Much**

Are you affiliated with a spiritual or religious group? **Yes No**

If Yes, describe: \_\_\_\_\_

Were you raised within a spiritual or religious group? **Yes No**

If Yes, describe: \_\_\_\_\_

Would you like your spiritual/religious beliefs incorporated into the counseling? **Yes No**

If Yes, describe: \_\_\_\_\_

**Legal**

**Current Status**

Are you, or ever been involved in any cases (traffic, civil, criminal)? **Yes No**

If Yes, please describe and indicate the court and hearing/trial dates and charges: \_\_\_\_\_

Are you presently on probation or parole? **Yes No**

If Yes, please describe: \_\_\_\_\_

**Education**

Fill in all that apply:

Years of education: \_\_\_\_ Currently enrolled in school? **Yes No**

\_\_\_\_ High school grad/GED

\_\_\_\_ Vocational: \_\_\_\_\_ Number of years: \_\_\_\_ Graduated: **Yes No**

Major: \_\_\_\_\_

\_\_\_\_ College: \_\_\_\_\_ Number of years: \_\_\_\_ Graduated: **Yes No**

Major: \_\_\_\_\_

\_\_\_\_ Graduate: \_\_\_\_\_ Number of years: \_\_\_\_ Graduated: **Yes No**

Major: \_\_\_\_\_

Other training: \_\_\_\_\_

Special circumstances (e.g., learning disabilities, gifted): \_\_\_\_\_

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



# Forward Choices, LLC

6040 W Lisbon Ave, Suite 103

Milwaukee, WI 53210

Telephone: 414-442-1751

Fax: 414-442-1775

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Arthritis       | <input type="checkbox"/> Frequent urination     | <input type="checkbox"/> Sinusitis        |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Headaches              | <input type="checkbox"/> Smallpox         |
| <input type="checkbox"/> Bronchitis      | <input type="checkbox"/> Hearing problems       | <input type="checkbox"/> Stroke           |
| <input type="checkbox"/> Bed wetting     | <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> Sexual problems  |
| <input type="checkbox"/> Cancer          | <input type="checkbox"/> High blood pressure    | <input type="checkbox"/> Tonsillitis      |
| <input type="checkbox"/> Chest pain      | <input type="checkbox"/> Kidney problems        | <input type="checkbox"/> Tuberculosis     |
| <input type="checkbox"/> Chronic pain    | <input type="checkbox"/> Measles                | <input type="checkbox"/> Toothache        |
| <input type="checkbox"/> Colds/Coughs    | <input type="checkbox"/> Mononucleosis          | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Constipation    | <input type="checkbox"/> Mumps                  | <input type="checkbox"/> Vision problems  |
| <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Menstrual pain         | <input type="checkbox"/> Vomiting         |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Miscarriages           | <input type="checkbox"/> Whooping cough   |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Neurological disorders |   |
| <input type="checkbox"/> Diarrhea        | <input type="checkbox"/> Nausea                 |   |

Other (describe): \_\_\_\_\_

List any current health concerns: \_\_\_\_\_

List any recent health or physical changes: \_\_\_\_\_

### Nutrition

Meal:	How often:	Typical food eaten:	Typical amount eaten:
Breakfast	/Week		Less/ Average/ More
Lunch	/Week		Less/ Average/ More
Dinner	/Week		Less/ Average/ More
Snacks	/Week		Less/ Average/ More

Comments: \_\_\_\_\_

### Current prescribed medications

Medication/Dose:	Date prescribed:	Purpose:	Side effects:

### Current over-the-counter medications

Medication/Dose:	Date prescribed:	Purpose:	Side effects:

# Forward Choices, LLC

6040 W Lisbon Ave, Suite 103  
Milwaukee, WI 53210

Telephone: 414-442-1751

Fax: 414-442-1775


Are you allergic to any medications or drugs?    **Yes**    **NO**

If Yes, describe: \_\_\_\_\_

\_\_\_\_\_

### Health Management

	Date	Reason	Results
Last physical exam			
Last doctor's visit			
Last dental exam			
Most recent surgery			
Other surgery			
Upcoming surgery			

Family history of medical problems: \_\_\_\_\_

Please check if there have been any recent changes in the following:

**Sleep patterns**     **Eating patterns**     **Behavior**     **Energy level**  
 **Physical activity level**     **General disposition**     **Weight**  
 **Nervousness/tension**

Describe changes in areas in which you circled above: \_\_\_\_\_

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

### Chemical Use History

Chemical	Method of use:	Frequency of use:	Age of first use:	Age of frequent use:	Used in last 48 hrs Y?N	Used in last 30 days Y/N	Date of last use:
Alcohol							

# Forward Choices, LLC

6040 W Lisbon Ave, Suite 103

Milwaukee, WI 53210

Telephone: 414-442-1751

Fax: 414-442-1775

Barbiturates							
Valium/Librium							
Cocaine/Crack							
Heroin/Opiates							
Marijuana							
PCP/LSD/Mescaline							
Inhalants							
Caffeine							
Nicotine							
Over the counter							
Prescription drugs							
Other drugs							

Substance of preference

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

### Substance Abuse Questions

Describe when and where you typically use substances: \_\_\_\_\_

Describe any changes in your use patterns: \_\_\_\_\_

Describe how your use has affected your family or friends (include their perceptions of your use): \_\_\_\_\_

Reason(s) for use:

- Addicted       Build confidence       Escape  
 Self-medication       Socialization       Taste  
 Other (specify): \_\_\_\_\_

How do you believe your substance use affects your life? \_\_\_\_\_

Who or what has helped you in stopping or limiting your use? \_\_\_\_\_

Does/Has someone in your family present/past have/had a problem with drugs or alcohol? **Yes** **NO**

If Yes, describe: \_\_\_\_\_

Have you had withdrawal symptoms when trying to stop using drugs or alcohol? **Yes** **No**

If Yes, describe: \_\_\_\_\_

Have you had adverse reactions or overdose to drugs or alcohol? (describe): \_\_\_\_\_

# Forward Choices, LLC

6040 W Lisbon Ave, Suite 103  
Milwaukee, WI 53210

Telephone: 414-442-1751

Fax: 414-442-1775

Does your body temperature change when you drink? **Yes** **No**

If Yes, describe: \_\_\_\_\_

Have drugs or alcohol created a problem for your job? **Yes** **No**

If Yes, describe: \_\_\_\_\_

## Counseling/Prior Treatment History

Information about client (past and present):

Treatment:	Yes/No	Dates	Where, and overall progress:
Outpatient Counseling and Psychiatric Treatment.			
Suicidal thoughts/attempts			
Drug/alcohol treatment			
Hospitalizations			

Involvement with self-helpgroups (e.g., AA, Al-Anon, NA, Overeaters Anonymous): **Yes** **NO**

If Yes, describe: \_\_\_\_\_

Information about family/significant others (past and present):

Treatment:	Yes/No	Dates	Where, and overall progress:
Outpatient Counseling and Psychiatric Treatment.			
Suicidal thoughts/attempts			
Drug/alcohol treatment			
Hospitalizations			

Involvement with self-helpgroups (e.g., AA, Al-Anon, NA, Overeaters Anonymous): **Yes** **NO**

If Yes, describe: \_\_\_\_\_

Please check behaviors and symptoms that occur to you more often than you would like them to take place:

\_\_\_ Aggression                      \_\_\_ Elevated mood                      \_\_\_ Phobias/fears



**Forward Choices, LLC**

6040 W Lisbon Ave, Suite 103  
Milwaukee, WI 53210

Telephone: 414-442-1751

Fax: 414-442-1775

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Alcohol dependence     | <input type="checkbox"/> Fatigue             | <input type="checkbox"/> Recurring thoughts  |
| <input type="checkbox"/> Anger                  | <input type="checkbox"/> Gambling            | <input type="checkbox"/> Sexual addiction    |
| <input type="checkbox"/> Antisocial behavior    | <input type="checkbox"/> Hallucinations      | <input type="checkbox"/> Sexual difficulties |
| <input type="checkbox"/> Anxiety                | <input type="checkbox"/> Heart palpitations  | <input type="checkbox"/> Sick often          |
| <input type="checkbox"/> Avoiding people        | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sleeping problems   |
| <input type="checkbox"/> Chest pain             | <input type="checkbox"/> Hopelessness        | <input type="checkbox"/> Speech problems     |
| <input type="checkbox"/> Cyber addiction        | <input type="checkbox"/> Impulsivity         | <input type="checkbox"/> Suicidal thoughts   |
| <input type="checkbox"/> Depression             | <input type="checkbox"/> Irritability        |  |
| <input type="checkbox"/> Thoughts disorganized  |  |  |
| <input type="checkbox"/> Disorientation         | <input type="checkbox"/> Judgment errors     | <input type="checkbox"/> Trembling           |
| <input type="checkbox"/> Distractibility        | <input type="checkbox"/> Loneliness          | <input type="checkbox"/> Withdrawing         |
| <input type="checkbox"/> Dizziness              | <input type="checkbox"/> Memory impairment   | <input type="checkbox"/> Worrying            |
| <input type="checkbox"/> Drug dependence        | <input type="checkbox"/> Mood shifts         |  |
| <input type="checkbox"/> Eating disorder        | <input type="checkbox"/> Panic attacks       |  |
| <input type="checkbox"/> Other (specify): _____ |  |  |

Briefly discuss how the above symptoms impair your ability to function effectively: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional information that would assist us in understanding your concerns or problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your goals for therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel suicidal at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Forward Choices, LLC*

6040 W Lisbon Ave, Suite 103  
Milwaukee, WI 53210

Telephone: 414-442-1751

Fax: 414-442-1775

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Forward Choices, LLC*

6040 W Lisbon Ave, Suite 103

Milwaukee, WI 53210

Telephone: 414-442-1751

Fax: 414-442-1775

**For Staff Use**

Therapist's signature/credentials: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Therapist's Name:

\_\_\_\_\_

Supervisor's comments: \_\_\_\_\_

\_\_\_\_\_

Physical exam: **Required**      **Not required**

Supervisor's signature/credentials: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Certifies case assignment, level of care and need for exam)

Supervisor's Name:

\_\_\_\_\_