

VISTA EAP/Intentions Yoga
Cynthia N. Herzog, LCSW, CAP, ICADC, E-500 RYT, C-IAYT

SOCIAL HISTORY FORM: ADULT

Name: _____ Date: ____ / ____ / ____

Why seeking help at this time? _____

Current Physician/Doctors (name and number) _____

Any other counselors involved? (If so, whom) _____

Date of most recent physical examination: _____

Medical problems? Hospitalizations?: _____

Current medications (over the counter or prescribed): _____

List any previous psychiatric, psychological experiences (include dates) _____

RELATIONSHIP HISTORY

List all marriages with dates and lengths of each. State if separated or divorced and for how long:

List any significant live-in relationships and dates, and length of each: _____

List current marriage partner (name / age): _____

How long did you know him /her before marriage? Describe their personality: _____

On what issues do you agree? On what issues do you disagree? _____

List all your children in chronological order including stepchildren:

Name	AGE	SEX	PERSONALITY
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

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Please list name, age of parents / stepparents: Personalities. _____

Please list all siblings, name, age, occupation, and marital status: _____

Describe your relationship with siblings: _____

FAMILY MEDICAL HISTORY

Please check if any apply. List where appropriate

	<u>Mother's Relatives</u>	<u>Father's relatives</u>
Alcohol Abuse	_____	_____
Drug Abuse	_____	_____
Mental Illness	_____	_____
Psychiatric hospitalizations	_____	_____
Mental retardation	_____	_____

SEXUAL HISTORY

When and how did you learn about sex? Please describe: _____

State your parent's attitude toward sex, dating, and marriage. Did they give any instruction regarding the aforementioned?

State your current sexual functioning: none | fair | good | great

Any abuse or trauma? _____

EDUCATIONAL HISTORY

Please list number of years of education and highest degree achieved:

Grade point average in school: _____ Any problems in school? _____

Any specialty training / certification: _____

What are your future goals / interests? _____

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OCCUPATIONAL HISTORY

Age started working: _____

Please list all jobs held-dates and length of each: _____

Are you happy with your current work? If not, why? What are your future Goals? _____

ALCOHOL/DRUG HISTORY

Have you ever had a problem with drugs or alcohol? If yes, explain: _____

When was your first experience with drinking? _____

Do you use alcohol? _____. Describe how much per week or estimate use over a six (6) month period:

Have you ever received treatment for a drug or alcohol problem? _____. Describe: _____

Do you smoke? _____. If so, how much? _____

SIGNS AND SYMPTOMS

Please check if you have or have had any of the following:

Eating problems (poor appetite picky eater, overeater) _____ Weight gain/loss (lbs) _____
Sleeping problems _____ (insomnia, nightmares, sleepwalking, night terrors) _____
Anxiety/Fears _____ Sadness/Irritability _____ Headaches _____ Migraines _____
Stomach aches _____ Other physical complaints not readily explained _____ Moody _____
Hyperactivity _____ Poor concentration _____ Drug/alcohol abuse _____
Repetitive behaviors (rituals, mannerisms, habits) _____ Dizziness _____
Vision problems _____ Memory/black outs _____ Loss of control _____
Temper/anger problems _____ Tiredness _____ Suicidal thoughts _____
Homicidal thoughts _____ Low energy _____ Low motivation _____ Depressed mood _____
Intrusive thoughts _____
Any other symptom concerns: _____

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SOCIAL HISTORY

Are you satisfied with the number and quality of your current friendships? _____. If no explain:

Is it easy or difficult to make friends? _____

How do your friends interact with you and your family? _____

List any special interest, clubs or organization memberships as well as hobbies or talents: _____

LEGAL HISTORY

Please list all legal problems, if any, with dates and outcome. Note if ever arrested: _____

SELF IMAGE

Please give a description of yourself: _____

How do you think others see you? Your wife / husband? Children? Someone who dislikes you?

Please list issues you would like as focus for treatment:

1) _____

2) _____

3) _____

Client Signature

Date

Clinician Signature

Date