

Who are the adults you grew up with? (please list below)

NAME	RELATIONSHIP	LIVING?	
		Yes	No

List your siblings in rank order of their birth. Next to their name, indicate their age:

What is your birth order? _____

Present Health Concerns: _____

Medications: Yes No If yes, please list meds and give reason:

Name and Contact Info of Medication Prescriber:

Any suicidal thoughts or history of suicide attempts?

List of Hospitalizations for mental health issues (year and reason):

Any drug or alcohol use currently or in the past? _____

History of Drug and Alcohol Treatment (year and reason):

How were you referred? _____

Emergency Contact (Name, Phone Numbers, and Relationship to You):

Reminder-all information remains confidential excepts where legal limits apply.
See treatment agreement for more information.