

**LifeLine Professional Counseling Services**

2460 W. Ray Rd., Suite 1  
Chandler, AZ 85224  
Tel: 480.641.1165 Fax: 480.641.9026

Clt Name: _____ Clt ID #: _____ Today's Date: _____
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**Adult/Parent Personal History**

**A. Identification**

Name \_\_\_\_\_ Date: \_\_\_\_\_

**B. Chief concern**

Please describe the main difficulty that has brought you to see me: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Treatment**

1. Have you ever received psychological or psychiatric or counseling services before?  No  Yes

If yes, please indicate:

When?	From whom?	For what?	With what results?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you ever taken medications for psychiatric or emotional problems?  No  Yes

If yes, please indicate:

When?	From whom?	Which medications	For what	With what results?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**D. Relationships in your family of origin.** Please describe the following:

1. Your parents' relationship with each other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Your relationship with each parent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Your parents' physical health problems, chemical use, and mental or emotional difficulties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Your relationship with your siblings, in the past and present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Abuse history:** \_ I was not abused in any way. \_ I was abused.

If you were abused, please indicate the following.  
For kind of abuse, use these letters: P = Physical, such as beatings, S = Sexual, such as touching/molesting, fondling, or intercourse. N = Neglect, such as failure to feed, shelter, or protect you. E = Emotional, such as humiliation, etc.

Your age	Kind of abuse	By whom?	Effects on you?	Whom did you tell?	Consequences of telling?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Addition comments: \_\_\_\_\_  
\_\_\_\_\_

**F. Present relationships:**

1. How do you get along with your present spouse or partner? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How many children? Ages? Relationship with you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How do you get along with each of your children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Chemical use**

- 1. Have you ever felt the need to cut down on your drinking? \_ No \_ Yes
- 2. Have you ever felt annoyed by criticism of your drinking? \_ No \_ Yes
- 3. Have you ever felt guilty about your drinking? \_ No \_ Yes
- 4. Have you ever taken a morning "eye-opener"? \_ No \_ Yes
- 5. How much beer, wine, or hard liquor do you consume each week, on the average? \_\_\_\_\_
- 6. How much tobaccos do you smoke or chew each week? \_\_\_\_\_
- 7. Which drugs (not medications prescribed for you) have you used in the last 10 years? \_\_\_\_\_

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, their effects, and so forth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**1. Legal history**

1. Are you presently suing anyone or thinking of suing anyone?  No  Yes If yes, please explain:

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

2. Is your reason for coming to see me related to an accident or injury?  No  Yes If yes, please explain:

\_\_\_\_\_

Are you required by a court, the police, or a probation/parole officer to have this appointment?

No  Yes If yes, please explain: \_\_\_\_\_

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

4. List all the contacts with the police, courts, and jails/prisons you have had. Include all open charges and pending ones. Under "Jurisdiction," write in a letter: (F = federal, S = state, Co = county, Ci = city). Under "Sentence," write in the time and the type of sentence you served or have to serve (AR = accelerated or alternate resolution, CS = community service, F = fine, I = incarceration, Pr = probation, Po = parole, O = other, R = restitution).

Date	Charge	Jurisdiction (F, S, C, Ci)	Sentence (AR, I, Pr, Pa)	Probation/parole officer's name	Your attorney's name
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Your current attorney's name: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Are there any other legal involvements I should know about? \_\_\_\_\_

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

**I. Other**

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper:

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

**Please do not write below this line.**

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**J. Follow-up by therapist**

Based on the responses above and on c interview data c records I reviewed c other information I have requested the client to complete and/or I have completed the following forms:

- Chemical use survey
- Suicide risk assessment summary and recommendations
- Mental status evaluation report
- Specific psychological/psychiatric testing. Specify \_\_\_\_\_
- Other: \_\_\_\_\_