Beacon Psychology Services LLC
Adult Background Information Form

Name: _____ Preferred name: _____

Gender: _____ Female _____ Male _____ Non-binary _____ Other (_____)

Pronouns: _____ she/her _____ he/him _____ they/them _____ other (_____)

Email: _____

Current concerns:

What are your primary concerns/specific questions you would like help with?

_____

_____

_____

_____

_____

_____

When did you first become concerned about these issues?

_____

_____

Have you sought help for these issues previously? If so, please explain when and with whom:

_____

_____

Current information:

Are you currently in school?

_____ Not in school

_____ In school

Name of school: _____

Field of study: _____

Are you currently working?

_____ Not currently working

_____ Working part time or full time

Work place: _____

Occupation: _____

Number of hours working per week: _____

Do you have any concerns regarding your work or career at this time? If so, explain: _____

_____

What do you do in your free time? (list any organized activities as well as free time activities): _____

_____

How do you identify?

Gay/Lesbian _____

Straight _____

Queer _____

Other _____ (explain: _____)

Are you currently in a relationship?

_____ Single, never married

_____ Single, living with someone (name of person: _____; length of time: ____ years)

_____ Married (name of person: _____; length of time: ____ years)

_____ Separated (name of person: _____; when separation began: _____)

_____ Divorced (year of divorce: _____)

_____ Widowed (year of widowhood: _____)

Do you have any concerns regarding your relationship(s) at this time, including sexual concerns? If so, explain:

_____

_____

Do you have any children? _____ No Yes: _____

Medical History:

Who is your primary care physician? _____

Have you been diagnosed recently or in the past with any of the following?

_____ ADHD

_____ Learning Disability (explain type: _____)

_____ Speech/Language Disorder (explain: _____)

_____ Autism Spectrum Disorder

_____ Anxiety (explain type: _____)

_____ Depression (explain type: _____)

_____ Bipolar Disorder (Bipolar I: _____ Bipolar II: _____)

Are taking any medications? No Yes (list name and dosage and who is prescribing): _____

_____

_____

Do you have a history of or current concern for any of the following?

Allergies	No	Yes: _____
Hearing problems	No	Yes: _____
Vision problems	No	Yes: _____
Eating problems	No	Yes: _____
Diabetes	No	Yes: _____
Sleep problems	No	Yes: _____
Chronic illness	No	Yes: _____
Seizure	No	Yes: _____
Tics	No	Yes: _____
Stomachaches	No	Yes: _____
Headaches	No	Yes: _____
Menstrual cycle	No	Yes: _____
Pregnancy	No	Yes: _____
Hospitalization	No	Yes: _____
Serious accident	No	Yes: _____
Serious illness	No	Yes: _____

Please circle yes/no for a family history of the following, and if yes then list who had these issues:

Learning difficulties	No	Yes (who): _____
ADHD/ADD	No	Yes (who): _____
Anxiety problems	No	Yes (who): _____
Depression	No	Yes (who): _____
Bipolar disorder	No	Yes (who): _____
Suicide attempt	No	Yes (who): _____
Drug/alcohol problem	No	Yes (who): _____
Autism Spectrum Disorder	No	Yes (who): _____
Schizophrenia	No	Yes (who): _____
Any genetic syndrome	No	Yes (who): _____
Seizure disorder	No	Yes (who): _____
Thyroid problems	No	Yes (who): _____
Type I Diabetes	No	Yes (who): _____

Childhood/Background History:

What was your family situation when you were growing up? (CIRCLE all that apply)

Adopted	Parents remained married	Parents divorced	Step-family
Had siblings	Only child	Lived with relatives	Foster Care
Parent died	Physical abuse	Sexual abuse/molested	Moved a lot

Explain: _____

_____

_____

Did you graduate high school? _____ Yes _____ No

Year graduated high school: _____ Name of High School: _____

Did you have accommodations or other school-based supports during high school? If so, explain: _____

_____

Did you graduate college? _____ Yes _____ No

Years attended college: _____ Name of college: _____

Major/Minor: _____

Did you have accommodations during college? If so, explain: _____

_____

Is there any additional information you would like to share? _____

_____

_____

_____

_____

_____

_____