Beacon Psychology Services LLC
Adult Background Information Form

Name: _____ Preferred name: _____

Today's Date: _____

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:

_____

_____

Past marriages or long-term live-in relationships (when, duration, name of partner):

_____

_____

Current relationship status:

_____ 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: _____)

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Please list all persons presently living in your home:

Name	Gender	Age	Relationship to you

Family history (child, siblings, birthparents, uncles/aunts, cousins, grandparents) for any of the following:

	None	Yes	Relationship to you
Learning difficulties			
ADHD/ADD			
Depression/suicide			
Bipolar Disorder/Manic Depression			
Anxiety difficulties			
Nervous breakdown/Schizophrenia			
Substance Abuse			
Sleep disorders			
Eating Disorders			
Abuse (sexual, physical, neglect)			
Explosive temper			
Legal problems/jail			

Please list your work history for the last five years:

Highest degree earned: _____

Current work (job title): _____ How long?: _____

Previous work (job title): _____ How long?: _____

Why did you leave?: _____

Previous work (job title): _____ How long?: _____

Why did you leave?: _____

Previous work (job title): _____ How long?: _____

Why did you leave?: _____

Names of physicians/doctors you are currently under treatment with:

Primary physician: _____

Name: _____ Seeing for: _____

Name: _____ Seeing for: _____

Name: _____ Seeing for: _____

Please list current medications:

Name of medication	Dose/frequency	When did you start this medication?