



**DEVELOPMENTAL AND SOCIAL HISTORY:**

When you were born, were there any issues? \_\_\_\_\_

Did you walk, talk at normal ages? YES \_\_\_\_\_ NO \_\_\_\_\_

Please describe \_\_\_\_\_

Did you ever experience trauma or abuse of physical, emotional or sexual nature in your life?

YES \_\_\_\_\_ NO \_\_\_\_\_

Did you feel neglected by your parents or caregivers? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have siblings? Names and ages: \_\_\_\_\_

**SUBSTANCE USE HISTORY:**

SUBSTANCE	HOW OFTEN	HOW MUCH	LAST USE	CONCERN ABOUT USE
Alcohol				YES___ NO___
Marijuana				YES___ NO___
Opiates				YES___ NO___
Cocaine				YES___ NO___
Nicotine				YES___ NO___
Other				YES___ NO___

**EDUCATION HISTORY:**

What is the highest level of school you have attained? \_\_\_\_\_

Did you have to repeat any grades? \_\_\_\_\_

Did you have any problems in academic performance in school? YES \_\_\_\_\_ NO \_\_\_\_\_

Please describe \_\_\_\_\_

Did you have any behavioral problems in school? YES \_\_\_\_\_ NO \_\_\_\_\_

Please describe \_\_\_\_\_

**LEGAL HISTORY:**

Have you ever been arrested? YES\_\_\_ NO\_\_\_ DWI/DUI: \_\_\_\_\_ WHEN: \_\_\_\_\_

Please describe: \_\_\_\_\_

Any current or pending legal issues? YES \_\_\_ NO\_\_\_ Explain \_\_\_\_\_

Child Protective Services involvement? YES \_\_\_ NO \_\_\_ Explain \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Sexually active: YES \_\_\_\_\_ NO \_\_\_\_\_

Birth Control: YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_ TYPE \_\_\_\_\_

For Women: still having menses: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_

ANY OTHER CONCERN THAT YOU LIKE TO DISCUSS? \_\_\_\_\_