CARMICHAEL COUNSELING
Kirk Carmichael, LIMHP, LADC
www.carmichaelcounseling.org
110 N 37th Street, Ste 301 Norfolk, NE, 68701
Phone: (402) 750-1222

PERSONAL HISTORY FORM – ADULT

PERSONAL INFORMATION

Name ______________________________ Date of Birth ____/____/______ ☐ Male ☐ Female

Race ____________________ Employment/School ______________________________

Please list all individuals living in your home:

Name	Relationship	Age	Name	Relationship	Age

PRESENTING PROBLEM

Briefly describe what brings you to this appointment:

____

____

Describe how these issues have affected your ability to function (at home, at school, or at work):

____

____

How will you know you are ready to be done with counseling? What will have changed?

____

____

Check symptoms you have recently experienced and rate the intensity of the symptoms on a scale of 1-5. (1 being very mild and 5 being intense)

- ☐ Feel worried _____
- ☐ Feel depressed _____
- ☐ Overly watchful _____
- ☐ Aggressive Behavior _____
- ☐ Feel keyed up/restless _____
- ☐ Feel disinterested _____
- ☐ Easily startled _____
- ☐ Can't control anger _____
- ☐ Feel panicky _____
- ☐ Trouble sleeping _____
- ☐ Unusually talkative _____
- ☐ Impulsive reactions _____
- ☐ Anxious _____
- ☐ Fatigue _____
- ☐ Distractible _____
- ☐ Hear strange voices _____
- ☐ Irritable _____
- ☐ Feel worthless _____
- ☐ Can't make friends _____
- ☐ Strange sensations _____
- ☐ Easily fatigued _____
- ☐ Thoughts of suicide _____
- ☐ Can't keep a job _____
- ☐ Low self-esteem _____
- ☐ Obsessive thoughts _____
- ☐ Suicide attempts _____
- ☐ See strange things _____
- ☐ Nightmares _____
- ☐ Loss of control _____
- ☐ Feel hopeless _____
- ☐ Procrastinate _____
- ☐ Feel detached _____
- ☐ Irresistible urges _____
- ☐ Periods of crying _____
- ☐ Guilt _____
- ☐ Odd behavior _____

Describe the following:

Appetite	☐ Too much	☐ About right	☐ Not enough	Explain recent changes: ______________
Concentration:	☐ Too much	☐ About right	☐ Not enough	Explain recent changes: ______________
Sleep:	☐ Too much	☐ About right	☐ Not enough	Explain recent changes: ______________

Other symptoms or stressors (example: physical/medical, social, family, occupational, financial):

____

SOCIAL HISTORY

Please circle the words you would use to describe yourself when you were growing up:

☐ Wanted	☐ Insignificant	☐ Fearful	☐ Awkward	☐ Funny
☐ Unwanted	☐ Different	☐ Sad	☐ Fat	☐ Popular
☐ Happy	☐ Lonely	☐ Athletic	☐ Thin	☐ Used
☐ Unhappy	☐ Active	☐ Even-tempered	☐ Outgoing	☐ People-pleaser
☐ Special	☐ Daredevil	☐ Shy	☐ Withdrawn	

Tell me about your social life as a child and as a teen, in terms of your friendships and activities:

____

____

Tell me about your strengths, skills and positive traits:

____

____

Tell me about your hobbies, sports, volunteer work, or interests you enjoy:

____

____

Please provide a brief job history, including positions held:

____

____

Describe any previous significant relationships and explain why they ended (dating, engaged, or married):

____

____

If you have experienced any of the following, please check and explain: ☐ Frequent change of sex partners ☐ Affairs

____________________________ ☐ Pornography ☐ STDs ☐ Abortion

CULTURAL AND SPIRITUAL HISTORY

How would you explain the culture of your family? (Please include ethnicity, economic values, spirituality, or anything you consider to be significant. Explain what you felt was helpful and unhelpful.)

____

____

Please tell me about your spiritual beliefs:

____

____

Which of these statements about spirituality apply to you:

- ☐ I have concerns about having religion forced upon me.
- ☐ I am uncomfortable discussing spiritual issues.
- ☐ I believe in God or a Higher Power.
- ☐ I am interested in learning more about spirituality.
- ☐ I am open to using spiritual resources in counseling.
- ☐ I see God as an important part of the healing process.

Are you part of a religious denomination or church? ☐ Yes (please name) ____________________ ☐ No

Please tell me about any spiritual supports or resources you are currently using (groups, studies, personal reflection, etc.):

____

FAMILY HISTORY

Did your biological parents raise you? ☐ Yes ☐ No If not, who raised you and why? ______________________

____

Did your parents separate or divorce? ☐ Yes ☐ No If yes, how old were you? ______________________

Why did they? ______________________

Describe your relationship with your mother or stepmother (or both): ______________________

____

Describe your relationship with your father or stepfather (or both): ______________________

____

Did your parents abuse drugs or alcohol? ☐ Yes ☐ No If yes, please describe: ______________________

____

How many times did you move during your growing-up years? _________ How did these moves affect you? ____________

____

How many siblings do you have? _________ What number are you in the birth order?__________

What was your relationship like with your siblings? ______________________

____

Have you ever lived in a foster home, group home, or any institution-type home? ☐ Yes ☐ No If yes, please explain: __________

____

Describe any significant events during your childhood: ______________________

____

MARITAL AND/OR INTIMATE RELATIONSHIPS

Are you currently involved in a significant relationship? ☐ Yes ☐ No If yes, how long have you been together: ____________

Check one: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Live-in Relationship

How would you describe your relationship with your spouse/significant other: (check all that apply)

☐ Connected
☐ Good communication
☐ Based on shared values
☐ Rocky
☐ Filed with conflict
☐ Spiritual
☐ In need of work
☐ A source of trouble for me
☐ Why I am here for counseling
☐ Abusive
☐ Without boundaries
☐ Health and fulfilling
☐ Up and down
☐ Scary
☐ Faithful
☐ Unfaithful
☐ Satisfying most of the time
☐ Almost never satisfying
☐ A source of joy for me
☐ Something I wish I could change
☐ Respectful
☐ Lacking in intimacy
☐ Having lots of parenting problems
☐ Problems with extended family

Others: ____

Of the following characteristics/attributes, what attracted you to your spouse/significant other: (check all that apply)

☐ Looks
☐ Personality
☐ Sense of fun & adventure
☐ Common Interests
☐ Shared values
☐ Shared faith
☐ Intelligence
☐ Kind and caring
☐ Similar views about kids
☐ Similar family background
☐ Other: ______________________

How has your relationship with your spouse/partner changed over time? ______________________

Describe how supportive your spouse/partner is of you being here for therapy: ______________________

EDUCATIONAL HISTORY

Level of education achieved (check the highest one)

☐ Primary School
☐ High School Diploma or GED
☐ Associate Degree Area of study: ____________________
☐ Bachelor's Degree Area of study: ____________________
☐ Master's Degree Area of study: ____________________
☐ Doctorate Degree Area of study: ____________________
☐ Other Certification Area of study: ____________________

Describe any behavior problems you had in school: ____________________

If you were ever expelled or suspended from school, explain why: ____________________

Describe any disabilities or struggles you had in school: ____________________

What were your grades like? ____________________

VOCATIONAL AND FINANCIAL HISTORY

Employer Name: ____________________ Length of Employment: ____________________

Have you served in the military? ☐ Yes ☐ No If yes: How long? ____________________ Rank: ____________________

Do you have any current concerns about money? ☐ Yes ☐ No If yes, please describe: ____________________

PERSONAL STRENGTHS AND WEAKNESSES

Please describe any personal strengths, talents, skills, abilities, or accomplishments: ____________________

____

Please describe any personal weaknesses and needs you have: ____________________

____

Describe any preferences for therapy (language, learning style, approach): ____________________

____

COMMUNITY ACCESS AND SUPPORTS

Please list any family members, friends, or others whom you can ask for help or talk to when you need support.

____

LEGAL HISTORY

If you have ever been arrested, detained, or convicted, please describe, list the year(s), and tell the consequence:

Date:	Charges:	Consequences:	Other Info:

Describe any other current legal issues (e.g. probation, pending charges): ____________________

____

OFFENDER HISTORY

If you have ever been the perpetrator of any kind of abuse or violence, please describe: ____________________

____

VICTIM ISSUES

Please check any of the following you have experienced. Use the space provided to explain:

☐ Neglect ____________________

☐ Observing violence/abuse ____________________

☐ Attempted suicide ____________________

☐ Suicidal preoccupation ____________________

☐ Deliberate self-harm ____________________

☐ Psychological abuse (verbal or emotional) ____________________

☐ Sexual abuse ____________________

☐ Physical abuse ____________________

☐ Other form of abuse ____________________

MEDICAL HISTORY

Name of Primary Care Physician: ____________________ Approx. Date of last exam: __________

Address of Primary Care Physician: ____________________

How would you describe your current health: ____________________

Do you have any current medical problems/illnesses? ☐ Yes ☐ No If yes, please explain: ____________________

____

Describe how current or past medical problems, illnesses or hospitalizations have impacted your life: ____________________

____

Describe any significant medical history in your family: ____________________

____

MEDICATIONS

Please list all medications you are currently taking:

Medication	Dosage/Frequency	Purpose	Prescribing Physician

(If additional medications, please provide me with a complete list, or ask for a separate sheet of paper.)

TREATMENT HISTORY

Have you ever participated in any form of counseling or treatment? ☐ Yes ☐ No
(Examples: mental health counseling, family/couples counseling, detox, substance abuse treatment, medication management)

Name of Provider/Facility	Date(s) of Counseling or Treatment	Outcome (e.g. successful completion)	What was helpful?	What wasn't helpful?

SUBSTANCE USE/ABUSE HISTORY

Please check any family members with a history of alcohol/drug abuse:

☐ Father
☐ Mother
☐ Stepparent/live-in
☐ Uncle(s)/aunt(s)
☐ Grandparent(s)
☐ Sibling(s)
☐ Children
☐ Other _______________

Please check the statement that best describes your history of alcohol/drug abuse:

☐ No history of abuse at all
☐ Current periodical recreational use
☐ A brief history of recreational use
☐ Currently in recovery from addiction
☐ History of several recovery attempts
☐ I need help with addiction
☐ I am open to exploring whether I have a problem with alcohol or drugs

Please check any consequences you have experienced from alcohol or drug abuse.

☐ Hangovers
☐ Seizures
☐ Blackouts
☐ Overdose
☐ Withdrawal symptoms
☐ Medical conditions
☐ Tolerance changes
☐ Loss of control amount used
☐ Sleep disturbance
☐ Assaults
☐ Suicidal impulse
☐ Relationship conflicts
☐ Binges
☐ Job loss
☐ Arrests
☐ Other _______________________

Have you had any previous Alcohol or Drug Evaluations? ☐ Yes ☐ No If yes, please explain: _________________________________

____

Have you had any previous Alcohol or Drug Treatment? ☐ Yes ☐ No If yes, please explain: __________________________________

____

Please complete the chart below with information on your use of any of the substances listed.

Substance	Age 1st Used	Date Last Used	Amount (least to most)	Frequency (How often)	Circumstances of Use	Used in past week?
Alcohol						
Amphetamines/ Stimulants						
Benzodiazepines (Xanax, Klonopin, Valium)						
Caffeine						
Club Drugs (ecstasy, GHB, roofies)						
Cocaine						
Hallucinogens (LSD, PCP, shrooms)						
Heroin						
Inhalants						
Marijuana						
Other Opiates (pain meds)						
Steroids						
Synthetic Marijuana (K2, Spice)						
Tobacco						
Other: ______________						

Thanks for your time and effort to complete this history form!

With your signature and date below, you agree that the information in this history form is true to the best of your knowledge.

Signature: ____ Date Signed: ______________________

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