ADULT QUESTIONAIRE

Today's date: _____

Who referred you to Dr. Betty Feir & Associates? _____

ABOUT YOU

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone: _____ Cell phone: _____

☐ Male ☐ Female Date of birth: _____ Social Security #: _____

What is your current martial status?

☐ single ☐ married ☐ living together ☐ engaged ☐ separated ☐ divorced ☐ widowed

if married before: please indicate _____ number of times married

Current partner's name: _____ Age: _____ Level of Education: _____

Current partner's employment status: _____

Do you have children? ☐No ☐Yes if yes please list below

Name:_____ Age: _____ ☐ Male ☐ Female

Name:_____ Age: _____ ☐ Male ☐ Female

Name:_____ Age: _____ ☐ Male ☐ Female

Are you working: ☐ Full-time ☐ Part-time

Who is your employer? _____

How long have your worked there? _____

What is your religion? _____

How do you spend your free time? Any hobbies?_____

Have you ever been convicted of a crime? ☐No ☐Yes

If so, please indicate nature of crime: _____

YOUR MEDICAL HISTORY

Who is your family or primary care physician? _____

What medications are you taking? _____

Do you have any current health problems? _____

What treatment are you receiving for this condition? _____

List any serious illnesses or major injuries you have experienced please indicate at what age this occurred:

_____

Please list any hospitalizations that resulted from MEDICAL problems: please indicate age / reason for treatment

_____

Please list any hospitalizations that resulted from EMOTIONAL problems: please indicate age / reason for treatment

_____

Do you have any allergies? ☐No ☐Yes What are you allergic to? _____

Do you smoke cigarettes? ☐No ☐Yes _____ # per day _____# of years

Do you drink alcohol? ☐No ☐Yes _____ # per day _____# of years

Do you use street drugs? ☐No ☐Yes Which ones? _____

YOUR FAMILY HISTORY

	MOTHER	FATHER	STEPMOTHER	STEPFATHER
Age	_____	_____	_____	_____
Occupation	_____	_____	_____	_____
Education	_____	_____	_____	_____
Religion	_____	_____	_____	_____
Current marital status	_____	_____	_____	_____
Year of death	_____	_____	_____	_____
Cause of death	_____	_____	_____	_____

How many brothers do you have: _____ How many sisters do you have? _____

Have any of your relatives suffered from any of the following conditions?

☐ Depression ☐ Anxiety Disorders ☐ Eating Disorders ☐ Alcohol problems
☐ Drug problems ☐ Schizophrenia ☐ Bipolar disorder ☐ Chronic Pain
☐ ADD/ADHD ☐ Other: please describe: _____

DESCRIBE CURRENT PROBLEM

Please describe the major problem for which you are seeking help: _____

_____

How long have you had this problem? _____

Are there other problems you would like help with? _____

Have you ever seen a counselor before? When and for what reason? _____

_____

If so: when and for what reason did you see this counselor _____

_____

What led you to seek help at this time? _____

Who else knows about this problem?_____

What is the likelihood that you think you can be successfully treated for this problem?

☐ Not likely ☐ slight possibility ☐ good chance ☐ probably ☐ most likely

Please indicate any problem areas that you have recently experienced:

☐ marital issues	☐ headaches	☐ financial problems	☐ lack of control
☐ family problems	☐ chronic illness	☐ legal problems	☐ feel angry
☐ problems at work	☐ chronic pain	☐ lack of social life	☐ feel violent
☐ weight problems	☐ eating disorders	☐ feel lonely	☐ act before thinking
☐ sexual problems	☐ loss of appetite	☐ feel useless	☐ do not assert myself
☐ sleeplessness	☐ panic attacks	☐ don't like myself	☐ loss of control
☐ loss of memory	☐ can't accomplish goals	☐ future looks bleak	☐ no one understands
☐ hearing things	☐ tire out easily	☐ feel sad all the time	☐ distrust others
☐ alcohol abuse	☐ hearing things	☐ seeing things	☐ feel like hurting myself
☐ drug abuse	☐ anxious and tense	☐ constantly in fear	☐ unpleasant thoughts
☐ can't concentrate	☐ constantly confused	☐ always irritated	☐ no patience

other _____

other _____

Dr. Betty Feir & Associates
5501 Medical Parkway
Texarkana, TX 75503
903. 793.8588
fax 903.793.8589
drbettyfeir.com