

BALDWIN COUNSELING

2832 S. Lynnhaven Rd. STE. 102 Virginia Beach, VA 23452
Office: (757) 340-0275 Fax: (757) 340-0276

Patient Information and Social History

(ADULT)

Name: _____ Date: _____
Last First MI

Address: _____

Home Phone: () _____ Cell Phone: () _____ Primary Contact: () _____

Email: _____

SSN: _____ Birth Date: _____ Age: _____ Sex _____ Height _____ Weight _____

Occupation: _____ Employer: _____ Work Phone: () _____

Length of Time at Current Job: _____ Employer Address: _____

Current Marital Status (*check one*): ___ Single (never married) ___ Widowed ___ Separated ___ Divorced
___ Unmarried/ Cohabiting Couple ___ Married (if checked, how many years ___)

Spouse: _____ Age: _____ Phone: () _____

Spouse's Address: _____

Spouse's Occupation: _____ Employer: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number(s): _____

Referral Information: _____

List of all people living in your home:

Name	Current Age/Date of Birth	Relationship

Signature: _____ Date: _____ Client ID: _____

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Please check if any of the following problems pertain to you:

- Nervousness Depression Fears Shyness Sexual Problems
 Suicidal Thoughts Separation Divorce Finances Drug Use
 Alcohol Use Self-Control Anger Friends Unhappiness
 Sleep Relaxation Work Stress Headaches
 Legal Matters Ambition Memory Energy Insomnia
 Tiredness Making Decisions Loneliness Education Inferiority Feelings
 Career Choices Health Problems Temper Marriage Nightmares
 Children Stomach Trouble Appetite Bowels Parenting
 Thoughts

Health History

Primary Care Physician: _____ Phone: () _____

Address: _____

Please Complete Consent Form for Primary Care Physician

Date of Last Visit: _____ Current Health Problems: _____

Please List all Current Medications:

Medication	Dosage	OTC Y/N

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Do you have any allergies? No Yes If Yes, describe _____

In the past 2 weeks were your sleep patterns (check one): Typical or Unusual

(Check all that apply): Nightmares Insomnia Early morning waking Difficulty falling asleep Restless

In the past 2 weeks were your daily eating habits (check one): Typical or Unusual

(check all that apply): 1-2 meals 2-3 meals snacks

Do you have any current or past eating disorders? No Yes

If yes, explain: _____

Are you presently experiencing emotions and/or mood that affect your day to day functioning?

(Check one): Never Seldom Often (6 times per year or more)

(Check all that apply): Anxiety Frustration Manic states Depression Suicidal thoughts
 Anger Mood swings

Counseling History

Previous Psychiatric or Psychological Services: Yes No

Treatment Provider: _____ Phone: () _____

Address: _____

Reason you were seeking care: _____

Treatment outcome: _____ Dates of Services: _____

List any support groups you attend: _____

Is there a family history of (Check all that apply): Alcoholism Drug Abuse Mental Illness
 Medical conditions that influence emotional states

Has anyone in your family been treated for a psychiatric disorder? No Yes If yes, please

explain: _____

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Drug and Alcohol History

Have you ever used alcohol to change or alter your behavior or mood? ___ No ___ Yes

If yes, explain: _____

Have you ever used drugs to change or alter your behavior or mood? ___ No ___ Yes

If yes, explain: _____

Has anyone ever suggested you quit or cut back on your drug/alcohol use?: ___ No ___ Yes

Complete the following for family members who have a history of drug/alcohol abuse:

Family Member	Substance Used	Current Use (y/n)	Treatment Received

Family and Social History

Father (please answer all questions as it was during your childhood):

Occupation: _____ Highest Level of Education _____

Emotional Health: ___ Good ___ Fair ___ Poor Physical Health: ___ Good ___ Fair ___ Poor

Describe your father/child relationship: _____

Mother (Please answer all questions as it was during your childhood):

Occupation: _____ Highest Level of Education _____

Emotional Health: ___ Good ___ Fair ___ Poor Physical Health: ___ Good ___ Fair ___ Poor

Describe your mother/child relationship: _____

Who did you live during your childhood: _____ Where did you grow up: _____

List brothers and sisters (including you) in birth order and give their current ages:

Name	Age	Past Relationship	Current Relationship

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Describe your childhood, ages 3-11 (*check one*): ___ Happy ___ Unhappy ___ Mixed

Explain: _____

Describe your adolescence, ages 12-18 (*check one*): ___ Happy ___ Unhappy ___ Mixed

Explain: _____

Were you abused: ___ No ___ Yes (*check all that apply*): ___ Physically ___ Emotionally ___ Verbally ___ Sexually

Describe: _____

Educational History

What is your highest level of education: _____ Did you have difficulty in school: ___ No ___ Yes

If yes, explain: _____

Describe any specialized skills, training, certificates, or licensure: _____

Vocational Status

Describe your employment history for the past five (5) years beginning with your current position:

Employer	Position	Time in Job	Reason for Leaving

Describe any physical/emotional problems that prevent or interview with employment:

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Job Performance

@_____@_____

___ Missing too much work ___ Assigned tasks not completed ___ Irresponsibility
___ Poor/bad attitude ___ Difficulty getting along with others ___ Late too often
___ Attitude/behavior change ___ Increased errors ___ Difficulty getting along with supervisors

Military History

Have you ever served in the military services: ___ No ___ Yes If yes, when? From _____ to _____

Which branch: _____ Rank at discharge: _____

Did you ever serve in combat: ___ No ___ Yes If yes, please describe: _____

Legal History

Do you have any pending legal action: ___ No ___ Yes If yes, explain: _____

Are you currently on probation or parole: ___ No ___ Yes If yes, explain: _____

Leisure, Recreational, Interests and Hobbies

Would you consider your life as (check yes or no for each area):

Work oriented: ___ No ___ Yes Family oriented: ___ No ___ Yes

Self-oriented: ___ No ___ Yes People oriented: ___ No ___ Yes

Leisure oriented: ___ No ___ Yes Recreation oriented: ___ No ___ Yes

Activities you enjoy doing by yourself: _____

Signature: _____ Date: _____ Client ID: _____