

Name/Practice Name

PATIENT INTAKE: SOCIAL/FAMILY HISTORY

(To be completed by patient)

Patient Name _____

(Circle one) Married Single Long-term relationship Divorced/Separated

Years married/ in long-term relationship _____ Times Married _____ Times Divorced _____

Children? () N () Y Current ages (list) _____

Residing with you? () N () Y If no, where? _____

Where are you currently living? _____

Do you have family nearby? () N (Please describe) _____

Education (check most recent degree):

() Graduate school () College () Professional or Vocational School

() High School Grade _____

Are you currently employed? () N Where (if "no," where were you last employed?)

_____ What type of work do/did you do? _____ How long have/did you work
(ed) there? _____

Have you ever been arrested or convicted? () N

() DWI () Drug-related () Domestic violence () Other

Have you ever been abused? () N

() Physically () Sexually (including rape or attempted rape) () Verbally () Emotionally

Have you ever attended:

AA () Current () Past **NA** () Current () Past **CA** () Current () Past

ACOA () Current () Past **OA** () Current () Past

If you are not currently attending meetings, what factors led you to stop? _____

Have you ever been in counseling or therapy? () N (Please describe) _____