

# ADOLESCENT HISTORY FORM

## SELF VERISON

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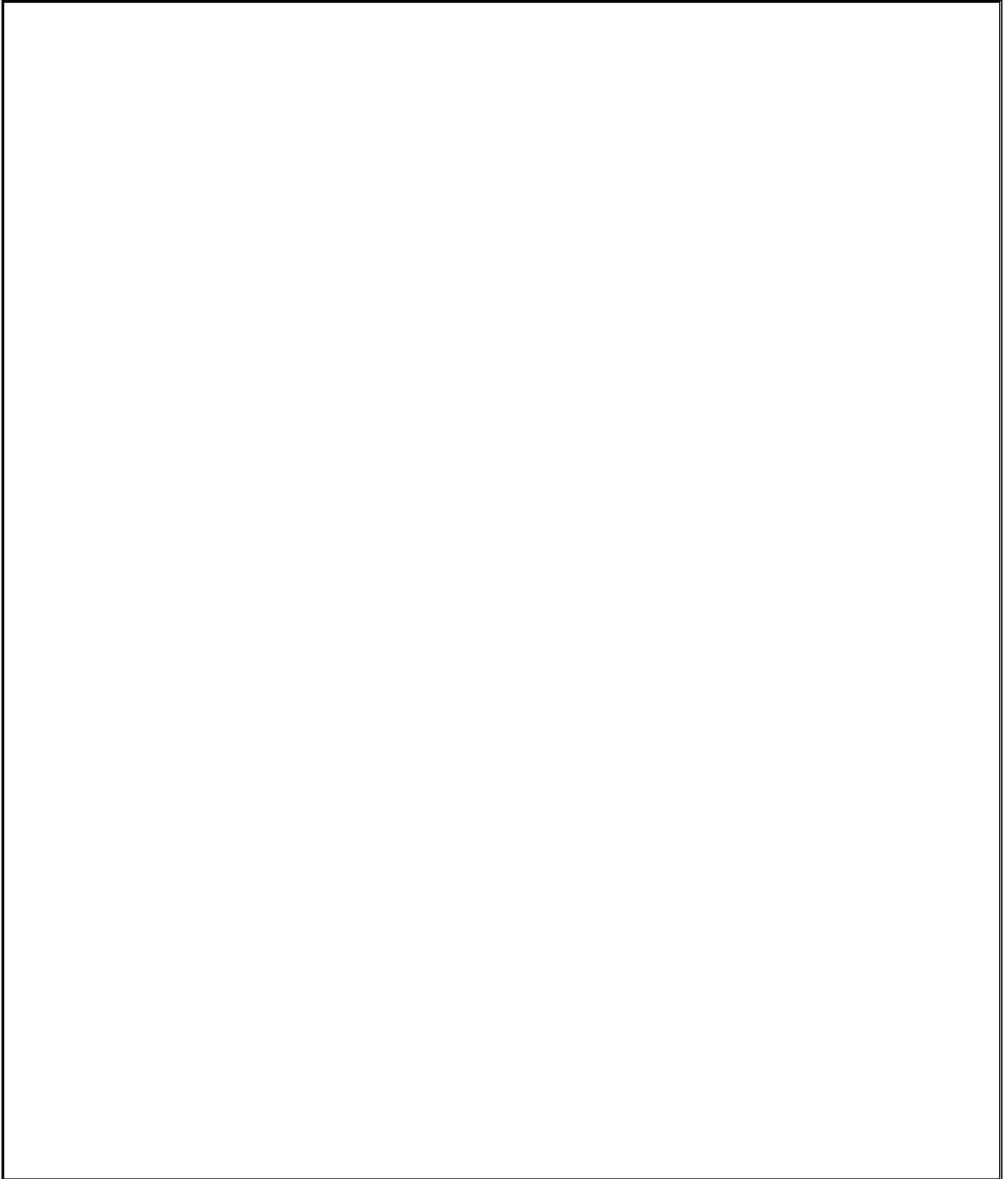
**Instructions:** The following form is to assist me in gaining information about your early history and current reason for seeking help. Answer all questions to the best of your ability. It is often helpful to obtain the help of other family members who many have better recall of events. Don't worry about spelling or neatness; brief, telegraphic sentences or phrases are fine.

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_









## Employment

Please describe the nature of your current employment, including any work related problems:

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What past jobs have you had? Indicate any problems you may have had with them:

Job (Dates)	Problems
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**Medical History**

Describe any serious illnesses, accidents, diseases or medical conditions of which you are aware.

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Any history of chest pain, palpitations, murmurs, fainting, or postexercise symptoms? Describe.

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Any family history of early heart disease (before age 30)?

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**Current Medications**

List any medication you are currently taking, with the dosage. Include both prescription and nonprescription medications.

Name of Medication	Why Taken

**Past Medications**

List all psychiatric or neurological medications taken in the past.

Name of Medication	Why Taken	Why Stopped	When Taken

Do you smoke? \_\_\_\_\_ If Yes, how much? \_\_\_\_\_ Packs per day

Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

Do you ever use alcohol or drugs to RELAX, feel better about yourself or fit in?

Do you ever use alcohol/drugs while you are by yourself, ALONE?

Does your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

Do you ever FORGET things you did while using alcohol or drugs?

Have you gotten into TROUBLE while you were using alcohol or drugs?

Do you think you have had a drinking problem in the past?

Do you think you have a drinking problem now?

On average, how often do you drink alcohol?

Seldom or never  Once a month  Once a week or less  2-3 times per week  
 4 or more times per week

Do you have a problem with dependence on drugs? If Yes, describe.

Have you had a drug problem in the past? If Yes, describe.

Please note any other information about yourself and your family that you think might be helpful in understanding you.