ADULT HISTORY FORM

Responses to this request are strictly voluntary. If no answer given, the assumed response is no, where applicable

IDENTIFYING INFORMATION					
Name *(Last, First, M.I.):*			**DOB:**		**Age:**
Former Name(s)			**Social Security Number:**		
Physical Address:					
City:	**County:**		**State:**		**Zip Code:**
Mailing Address					
City:	**County:**		**State:**		**Zip Code:**
Telephone	**Home:**	**Cell:**	**Work:**		
Marital status:	☐ Single ☐ Domestic Partner ☐ Married ☐ Separated ☐ Divorced ☐ Widowed				

LEGAL STATUS (Please circle your answer)
[01] Voluntary – Self [02] Voluntary – Other (by Guardian, parent, etc.) [03] Civil Commitment MI [04] Civil Commitment MI/CD [05] Civil Commitment MI/DD [06] Civil Commitment MI&D [07] Civil Commitment – Sexual [08] Civil Commitment – Other [09] Court Hold [10] Criminal Commitment [11] Emergency Hold [12] Provisional Discharge [99] Unknown

GENDER IDENTITY (Please circle your answer)	
Gender:	[01] Male [02] Female [99] Choose not to disclose
Birth Gender:	[01] Male [02] Female [03] Unknown [99] Choose not to disclose
Sexual Orientation:	[01] Straight or Heterosexual [02] Gay, Lesbian or Homosexual [03] Bi-Sexual [04] Don't know [05] Something else, Please describe:___________________________________ [99] Choose not to disclose
Gender Identity:	[01] Identifies as Female [02] Identifies as Male [03] Genderqueer, neither exclusively male nor female [04] Male-to-Female (MTF) / Transgender Female/Trans Woman [05] Female-to-male (ETM) / Transgender Male / Trans Man [06] Additional gender category or other, Please specify:______________________________ [99] Choose not to disclose

DEMOGRAPHICS (Please circle your answer)	
Race:	[01] American Indian and/or Alaska Native [02] Asian [03] Native Hawaiian or other Pacific Islander [04] Black or African American [05] White/Caucasian [06] Some other Race Alone [09] Unknown
Ethnicity:	[01] Not of Hispanic Origin [02] Puerto Rican [03] Mexican [04] Cuban [05] Other Specific Hispanic [06] Hispanic Origin regardless of race [09] Unknown
County of Residence:	
Reside on a Reservation:	[01] Bois Forte [02] Fond-du-Lac [03] Grand-Portage [04] Leech Lake [05] Lower Sioux [06] Mille-Lacs Band [07] Prairie Island [08] Red Lake [09] Shakopee [10] Upper Sioux [11] White Earth [12] Other [13] No- Does not reside on a reservation [99] Unknown
Tribe Enrollment:	[01] Bois Forte [02] Fond-du-Lac [03] Grand-Portage [04] Leech Lake [05] Lower Sioux [06] Mille-Lacs Band [07] Prairie Island [08] Red Lake [09] Shakopee [10] Upper Sioux [11] White Earth [12] Other [13] Not Enrolled [99] Unknown

Preferred Language:	☐ English ☐ Spanish ☐ Hmong ☐ Mandarin ☐ Other (Please specify) ________________________
Tobacco Use	[01] No Tobacco use [02] Ongoing Tobacco use [09] Unknown
Type of tobacco usage:	☐ Smoke ☐ Chew ☐ E-cig ☐ Vape
	LIVING STATUS (Please circle your answer)
Residential Status:	[01] Homeless/Shelter [02] Foster Care/Foster Home [03] Residential Care [04] Crisis Residence [05] Institutional Setting [06] Jail/Correctional Facility [11] Private Residence – independent living [12] Private Residence – dependent living [13] Other residential status [14] Board & Lodge [15] Nursing Facility, including boarding care [16] Hospital [17] Regional treatment center [18] Children's Residential Treatment Facility [19] Detox and/or withdrawal management facility [97] Unknown
Housing Status:	[01] Homeless [02] At imminent risk of homelessness [03] Chronically homeless [04] Housed [09] Unknown
At this time:	[01]Person is wanting or planning to move from current environment [02] Not wanting or planning to move from current environment
Barriers to Moving:	[01] None [02] Can't meet income requirements [03] Concerns for health & safety by legal rep/team [04] Credit History [05] Criminal History [06] Drug/alcohol use [07] History of evictions or Unlawful Detainers [08] Lack of affordable housing [09] Lack of rental history [10] Needs housing access assistance [11] Personal safety concerns related to available locations [12] Security deposit/first-month's rent [13] Tobacco Use [14] Transportation access / public transportation [15] Other [16] Unknown
Housing Preferences / Needs (if moving or planning to move)	[01] None / Prefers not to share [03] Accessibility to home and all areas of home [04] Accommodates desired routines and preferred schedule [05] Accommodates my cultural preferences of needs 06] Alcohol and/or tobacco use [07] Availability of public transportation [08] Have a pet [09] Location - concerns for personal safety [10] Location – to family/friends [11] Location – to leisure/entertainment activities [12] Location – to shopping, school, doctors, etc. [13] Location – to work or jobs [14] Own apartment/home [15] Roommate (s) [16] Space/room for caregiver [17] Other [18] Unknown
	EMPLOYMENT (Please circle your answer)
Employment Status:	[01] Employed full-time (≥ 32 hours/week) [02] Employed part-time (< 32 hours/week) [03] Looking for work/unemployed [05] Crew/enclave/group employment [06] Self-employed [74] Sheltered employment
Not in the Labor Force	[04] Not working or looking for employment [14] Homemaker [24] Student [34] Retired [44] Disabled [54] Hospital patient or resident of other institutions [64] Other reported classification (volunteers) [97] Unknown (HWS only) [98] Not applicable
Employment Type:	[25] Currently working in non-competitive job and interested in exploring competitive options. [26] Currently working in competitive job and interested in exploring other competitive options. [27] Currently working in competitive job and seeking no changes. [28] Currently working in non-competitive job and seeking no changes.

	EMPLOYMENT SATISFACTION (if employed, please circle your answer)		
Rate satisfaction with current hours:	[01] Dissatisfied	[02] Neither dissatisfied or satisfied	[03] Satisfied

Rate satisfaction with current pay:	[01] Dissatisfied [02] Neither dissatisfied or satisfied [03] Satisfied
Rate satisfaction with current type of work:	[01] Dissatisfied [02] Neither dissatisfied or satisfied [03] Satisfied
Competitive work concerns or perceived barriers:	[01] None [02] Chooses not to answer [03] Retired / approaching retirement [04] Impact on disability benefits [05] Transportation [06] Safety or vulnerability in the community [07] lack of service, supports or resources [08] Intermittent health crisis or needs [09] Limited Skills [10] Limited experiences with work; uncertainty about what is possible [11] Impact on caregivers [12] Criminal history [13] Unstable housing [14] No longer interested in work due to negative experiences [15] Other [16] Unknown

EDUCATION (Please circle your answer)

Highest level of Education:	[00] Under grade 1 [01] Grade 1 [02] Grade 2 [03] Grade 3 [04] Grade 4 [05] Grade 5 [06] Grade 6 [07] Grade 7 [08] Grade 8 [09] Grade 9 [10] Grade 10 [11] Grade 11 [12] Grade 12 [16] Vocational / Tech School [17] College Freshman [18] College Sophomore [19] College Junior [20] College Senior [21] Graduate / Professional School [97] Unknown (HWS only)
Current Education Enrollment Status: [01] Enrolled [02] Not Enrolled [09] Unknown (HWS only)	

MILITARY / VETERAN STATUS (Please circle your answer)

Military / Veteran Status	[01] No [05] Active duty military [06] Prior military / veteran [09] Unknown Prior or Active military: Served in a combat zone No combat zone Combat unknown Served from:_______________ to _______________ Deployed from:_______________ to ___________
If a Veteran, are you receiving VA Mental Health services?	Yes [01] No [02] Unknown [09]

Do you have children under 18 years of age?	**Children age range(s): (if under 18 years of age)**	**Children Reside with Client: (if children are under 18)**	**Children have special needs (if children are under 18)**
[01] Yes [02] No [09] Unknown	[01] 0-5 [02] 6-11 [03] 12-17 [09] Unknown	[01] Full-time [02] Part-time [03] Not at all [09] Unknown	[01] Yes [02] No [09] Unknown

HEALTHCARE PROVIDER INFORMATION

Do you have a regular physician? ☐ Yes ☐ No	Provider/Facility name:____ Phone:_________________________ Address:____
Do you have a regular dentist? ☐ Yes ☐ No	Provider/Facility name:____ Phone:________________________ Address:____
Do you currently access any other agencies and/or services? ☐ Yes ☐ No (Case Manager, guardian, ARMHS providers, public health, home health)	Provider/Facility name:____Phone:__________________ Address:____ *Do you want a summary sent to this person?* ☐ *Yes* ☐ *No*

Were you referred here by someone? ☐ Yes ☐ No	Who sent you? ____ Address:____ *Do you want a summary sent to this person?* ☐ *Yes* ☐ *No*
What are the major concerns, issues or symptoms that bring you to our center?	
List any previous mental health therapy you have had.	

GOALS OF THERAPY
What goals do you have for your treatment?

CHEMICAL and ALCOHOL USE				
Drug Use *(Check your drug of choice, if applicable)*	**Age of First Use**	**Most Recent Pattern of use and Duration** *How much you use, how often, and do you need more or less to get the same effect?*	**Date of last use and time, if needed**	**Method of use:** *(Oral, smoked, snort, iv, etc.)*
☐ ALCOHOL				
☐ CAFFEINE				
☐ MARIJUANA / HASHISH				
☐ COCAINE / CRACK				
☐ METH / AMPHETAMINES				
☐ HERION				
☐ SYNTHETICS				
☐ INHALANTS				
☐ BENZODIAZEPINES				
☐ HALLUCINOGENS				
☐ BARBITURATES / SEDATIVES / HYPNOTICS				
☐ OVER-THE-COUNTER MEDICATIONS				
☐ NICOTINE				
☐ OTHER				

Do you use greater amounts of alcohol/other drugs to feel intoxicated or achieve the desired effect? ☐ Yes ☐ No

Or use the same amount and get less of an effect? ☐ Yes ☐ No

Have you ever been to detox? ☐ Yes ☐ No	When was the first time?	How many times since then?	Date of most recent detox?

WITHDRAWAL SYMPTOMS; HAVE YOU HAD ANY OF THE FOLLOWING WITHDRAWAL SYMPTOMS?					
SYMPTOM	PAST 12 MONTHS	RECENT (PAST 30 DAYS)	SYMPTOM	PAST 12 MONTHS	RECENT (PAST 30 DAYS)
SWEATING (RAPID PULSE)			NAUSEA/VOMITING		
SHAKEY/JITTERY/TREMORS			DIZZINESS		
UNABLE TO SLEEP			SEIZURES		
AGITATIONS			DIARRHEA		
HEADACHE			DIMINISHED APPETITE		
FATIGUE/EXTREMELY TIRED			HALLUCINATIONS		

SAD/DEPRESSED FEELING			FEVER		
MUSCLE ACHES			UNABLE TO EAT		
VIVID/UNPLEASANT DREAMS			PSYCHOSIS		
IRRITABILITY			CONFUSED/DISRUPTED SPEECH		
SENSITIVITY TO NOISE			ANXIETY		
HIGH BLOOD PRESSURE			WORRIED		

Are you seriously considering addressing your alcohol and/or drug use within the next six months? ☐ Yes ☐ No

Are you planning to stop or reduce your alcohol and/or drug use within the next 30 days? ☐ Yes ☐ No
(Perhaps taking small steps to do so)?

Are you now actively remaining abstinent from your use of alcohol and/or drugs? ☐ Yes ☐ No

Have you ever felt you ought to cut down on your drinking or drug use? ☐ Yes ☐ No

Have you ever had people annoy you by criticizing your drinking or drug use? ☐ Yes ☐ No

Have you ever felt bad or guilty about your drinking or drug use? ☐ Yes ☐ No

Have you ever had a drink or used drugs as an eye opener first thing in the morning to steady your nerves, to get rid of a hangover, or to get the day started? ☐ Yes ☐ No

REASONS FOR DRINKING/DRUG USE (*CHECK ALL THAT APPY*)			
☐ Like the feeling	☐ To relax or unwind	☐ Partner encourages use	☐ Trying to forget problems
☐ Makes it easier to talk with people	☐ Most friends drink or use	☐ To cope with stress	☐ To cope with family problems
☐ To relieve physical pain	☐ To cope with anxiety	☐ To cope with depression	☐ Other (please specify)

Have you ever been to an AA/NA or any other 12-step Support Group? ☐ Yes ☐ No If yes, date of last meeting_________________

Do you have a sponsor? ☐ Yes ☐ No

Any history of suicide in your family? ☐ Yes ☐ No Or, someone close to you? ☐ Yes ☐ No

Are thoughts of suicide occurring when under the influence? ☐ Yes ☐ No

Please list any current/recent history of legal problems related to substance use:

CONTINUE TO NEXT PAGE

	During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?	**None** Not at all	**Slight** Rare, less than a day or two	**Mild** Several days	**Moderate** More than half the days	**Severe** Nearly every day	**Highest Domain Score** (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

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X____

Signature of Person Completing Form & Relationship to Client

X_____________________

Date