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Patient Last Name: _____ First: _____ DOB: _____ today's Date: _____

ADULT PERSONAL HISTORY

PLEASE ANSWER EACH QUESTION FULLY. If you need more space, please go to form end.

1. Name and relationship of person providing information, if not self:

Patient's gender: MALE FEMALE

Medication Allergies: If none, so state.

2. Patient's physician's name, telephone number and address:

3. Current or past therapist name and telephone number:

4. What agency or individual referred you? Name and phone number, please.

5. How can I try to help? When did things start to be a problem? What has helped? What hasn't helped?
What are your strengths?

6. Past medical history of the patient: (high blood pressure, diabetes, head trauma, etc). If none, so state.

7. Past or current psychiatric care: For what, where, hospitalizations, medications, suicide attempts, danger to others: If none, so state.

8. Have you been the victim of trauma such as war or abuse? If yes, please try to outline.

9. Family medical history: (high blood pressure, diabetes; who?) If none, so state.

10. Family psychiatric and substance/alcohol abuse history: (depression, drug/alcohol; who?) If none, so state.

11. Current Medications, Over-The-Counter Medications and Dosages: If none, so state.

12. Current or Significant Past Substance Use: (If none, so state).

Alcohol intake per week:

Caffeine use per day

Recreational drug use:

Tobacco/Nicotine Use:

Marijuana use (include MMJ):

13. Social History:

Who lives at home with you?

Your occupation?

How would you describe your growing up years? What was good? What wasn't?

What are your hobbies; educational/recreational/personal interests?

14. Is there or has there been involvement of legal, court, or social services with you or your family? If none, so state. Any financial difficulties? If none, so state. If yes, describe.

15. Education:

Highest grade achieved: _____

Please describe any special education classes, IEP, 504, or any IQ or psychological testing: If none, so state.

Please describe any learning difficulties. If none, so state. _____

Please use below to explain anything further, using the above question numbers to indicate which information you are providing.

Thank you for taking the time to complete this form.