Adult Social History

Date: _____

Personal History

Name:_____Age:_____Date of Birth:_____Gender:____M ____F

Who currently lives in your home?	Name	Age	Relationship
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

If married, are you living with your spouse at present? Yes _____ No _____

If married, years married to present spouse: _____

Are you currently serving or have you ever served in the military? Yes _____ No _____

If yes, please specify branch of service: _____ Length of time served: From _____ To _____

Are you receiving counseling services at present? Yes _____ No _____

If yes, please briefly describe:_____

_____

Have you received counseling in the past? Yes _____ No _____

If yes, please briefly describe: _____

_____

What is (are) your main reason(s) for this visit? _____

_____

How long has this problem persisted? _____

_____

How did you hear about the Inova Kellar Center, or who referred you? _____

_____

Medical History

Name and address of your primary physician. Physician's name: _____

Address: _____

When was your most recent complete physical exam? _____Height _____ Weight _____

List any major illness and/or operations you have had: _____

_____

List any physical concerns you are having at present: (e.g., high blood pressure, headaches, dizzeness, etc.): _____

_____

Do you have any difficulty moving about, playing sports, or concerns about your coordination? _____

_____

Current Medications:

Medication	Dosage	Date Started/ Discontinued	Outcome/ Side Effects

Are you experiencing any physical pain? ☐ Denies ☐ Yes, please explain: _____

On the scale below, how severe is your pain? (1 being the least amount of pain and 10 being highest)

Circle one: 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Are you experiencing any emotional pain? ☐ Denies ☐ Yes, please explain _____

On the scale below, how severe is the pain? (1 being the least amount of pain and 10 being the highest)

Circle one: 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Oral Health and Oral Hygiene: Do you have concerns about your oral health and hygiene? ☐ Yes ☐ No
(If yes, please describe) _____

Allergies: (Medication, Food) ? ☐ Yes ☐ No
(If yes, list allergies): _____

Nutritional Status: Do you have any concerns about nutritional status? ☐ Yes ☐ No
(If yes, please describe) _____

Religious Resources

Are you currently involved with a religious organization, church, or synagogue? ☐ Yes ☐ No

Name: _____

Current level of involvement in your religion: _____Minimal _____Sporadic _____Regular _____Very Active

Belief in a Spiritual Being or Higher Power? ☐ Yes ☐ No

Family History

Mother's age: _____ If deceased, how old were you when she died? _____

Father's age: _____ If deceased, how old were you when he died? _____

If your parents are separated or divorced, how old were you then? _____

Number of brother(s) _____ Their ages _____ _____ _____ _____ _____

Number of sister(s) _____ Their ages _____ _____ _____ _____ _____

Were you adopted or raised with parents other than your birth parents? ☐ Yes ☐ No

Briefly describe your relationship with your family of origin: _____

Which of the following best describes the family in which you grew up?

Warm and Accepting — Average — Hostile and fighting

1 2 3 4 5 6 7 8 9 10

Which of the following best describes the way your family raised you?

Allowed me to be very Independent — Average — Attempted to control me

1 2 3 4 5 6 7 8 9 10

YOUR MOTHER (or mother substitute)

Briefly describe your mother: _____

How did she discipline you? _____

How did she reward you? _____

Your mother's occupation when you were a child: _____

_____ stayed home _____ worked outside part-time _____ worked outside full-time

How did you get along with your mother when you were a child? _____ poorly _____ average _____ well

How do you get along with your mother now? ____ poorly ____ average _____ well

Did your mother have any problems (e.g., alcoholism, violence, etc.) that may have affected your childhood development? ☐ Yes ☐ No

(If yes, please describe) _____

Was your mother ever diagnosed with a mental health problem? ☐ Yes ☐ No If yes, was she ever hospitalized? ☐ Yes ☐ No

Is there anything unusual about your relationship with your mother? ☐ Yes ☐ No (If yes, please describe) _____

YOUR FATHER (or father substitute)

Briefly describe your father: _____

How did he discipline you? _____

How did he reward you? _____

Your father's occupation when you were a child: _____

_____ stayed home _____ worked outside part-time _____ worked outside full-time

How did you get along with your father when you were a child? _____ poorly _____ average _____ well

How do you get along with your father now? _____ poorly _____ average _____ well

Did your father have any problems (e.g. alcoholism, violence, etc.) that may have affected your childhood development? ☐ Yes ☐ No

(If yes, please describe) _____

Was your father ever diagnosed with a mental health problem? ☐ Yes ☐ No If yes, was he ever hospitalized? ☐ Yes ☐ No

Is their anything unusual about your relationship with your father? ☐ Yes ☐ No (If yes, please describe) _____

Symptoms

Check the behaviors and symptoms that occur to you more often than you would like them to take place:

____ aggression	____ fatigue	____ sexual difficulties
____ alcohol use/dependence	____ hallucinations	____ sick often
____ anger	____ heart palpitations	____ sleeping problems
____ antisocial behavior	____ high blood pressure	____ speech problems
____ anxiety	____ hopelessness	____ suicidal thoughts
____ avoiding people	____ impulsivity	____ thoughts disorganized
____ chest pain	____ judgement impairment	____ trembling

____ depression	___ judgement errors	____ withdrawing
____ disorientation	___ loneliness	____ worrying
____ distractibility	___ memory impairment	____other (specify)
____ dizziness	___ mood shifts	_____
____ drug use/dependence	___ panic attacks	_____
____ eating disorder	___ phobias/fears	_____
____ elevated mood	___ recurring thoughts	_____

Please give examples of how each of the symptoms that you checked impairs your ability to function (e.g., socially, emotionally, occupationally, physically, etc.) Use the back of this sheet if necessary.

_____

_____

_____

_____

_____

_____

_____

List your greatest strengths: _____

_____

List your greatest areas for improvement: _____

_____

List your main social difficulties: _____

_____

List your main difficulties at school or work: _____

_____

List your main difficulties at home: _____

_____

Additional information you believe would be helpful: _____

_____

Identify Your Strengths (check all that apply)

☐ Capable of independent living values & opinions	☐ Motivated for treatment	☐ Ability to express feelings	☐ Positive support network
☐ Vocation/ occupation skills	☐ Ability to make decisions	☐ Leisure skills/interests	☐ Good physical health
☐ Assertive	☐ Insight	☐ Positive relationship(s)	☐ Employment
☐ Ability to provide transportation (for cont. of care)	☐ Education HS or >	☐ Religious Faith	☐ Cooperative
☐ Intact cognitive skills	☐ Humor	☐ Able to use community resources	☐ Other (describe)

Violence Assessment

Are you now, or have you ever been on probation? ☐ No If yes, when?_____ What were the charges?_____

Any legal charges pending? ☐ Yes ☐ No If yes, what are they: _____ Court Date: _____

Have you ever been a victim of violence/abuse? ☐Yes ☐No If Yes, did you receive treatment _____
☐physical ☐emotional ☐verbal ☐mental ☐rape ☐sexual

What do you do when you get angry? _____

Have you ever destroyed property or hurt self/another person? ☐ Yes ☐No Explain: _____

Self-Harm/Suicide Assessment

Do you have a history of suicide attempts? Yes ☐ No ☐
If yes, please describe this history: _____

_____

When was the last time you thought about or felt suicidal? _____

What do you usually do when you have these thoughts/feelings? _____

_____

Do you ever hurt your body by activities such as cutting, burning, scratching too hard, etc? ☐ Yes ☐ No
If yes, when was the last time you did this? _____

_____

Do you consider self-harm a problem for you? ☐Yes ☐ No

Have you ever been treated for this problem? ☐Yes ☐ No

Current Alcohol and/or Drug Use:

Alcohol use/recreational drug use: ☐Yes ☐No Ever had Detox? ☐Yes ☐No

Do you have a <u>current</u> DWI/DUI/ Drunk in Public Pending: ☐Yes ☐ No

Please complete the following chart identifying history of substance use:

Drug/ Alcohol	Age of 1st Use	Duration of heavy use	Current use and amount	Last use and amount

Treatment programs: _____

Thank you for providing us with this information so that we may better assist you.

Completed by:_____ **Date:**_____

_____ _____
Licensed Clinician Signature Date

INOVA™

1PATP

When you schedule an appointment at Inova Kellar Center, you are asking a professional to hold a specific block of time for you In order to efficiently serve the community, we have instituted a 24 cancellation policy. If you must cancel a scheduled appointment, please do so at least 24 business hours in advance to avoid a charge. The charge for missed appointments, cancelled appointments, or appointment changes with less than 24 business hours notice is $75 This fee will not be billed to your insurance and will be collected from you at the time of your next appointment.

If you do not comply with the cancellation-missed appointment policy twice within a three-month period, you will be discharged from treatment and provided with referrals.

I agree to the terms of Inova Kellar Center Cancellation / Missed Appointment Policy:

Patient Signature _____ Date / Time _____

Parent or Guardian Signature _____ Date / Time _____

PATIENT IDENTIFICATION

Inova Kellar Center

24 Hour Cancellation Policy

CAT # 20226DT/R082013 • PKGS OF 26

Inova Kellar Center
11204 Waples Mill Road
Fairfax, VA 22030

Directions

From the North West

Take Fairfax County Parkway **(7100) South**
To Route **50 East**
Travel approximately 3 miles to **Waples Mill Road**
Turn **Left** on **Waples Mill Road**
Turn **Right** into **first driveway** of Fair Oaks Business Park
Building is in the back left corner

From the East

Take **I-66 West** to **Exit 57A** Route **50 East**
Travel approximately 1 mile to **Waples Mill Road**
Turn **Left** on **Waples Mill Road**
Turn **Right** into **first driveway** of Fair Oaks Business Park
Follow signs to **11204**
Building is in the back left corner

From the South East

Take **I-495 North** to Tyson's Corner
Take **Exit 49, I-66 West**
Take **Exit 57A Route 50 East**
Travel approximately 1 mile to **Waples Mill Road**
Turn **Left** on **Waples Mill Road**
Turn **Right** into **first driveway** of Fair Oaks Business Park
Follow signs to **11204**
Building is in the back left corner

From the South West

Take Fairfax County Parkway **(7100) North**
Exit at **Route 50 East**
Travel approximately 3 miles **to Waples Mill Road**
Turn **Left** on **Waples Mill Road**
Turn **Right** into **first driveway** of Fair Oaks Business Park
Follow signs to **11204**
Building is in the back left corner