

**Ben C. Ghozali, Psy.D., P.A.**  
Licensed Psychologist

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**Adult History Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_  
Date married \_\_\_\_\_ Date Separated/Divorced \_\_\_\_\_ Date remarried \_\_\_\_\_

Other Family Members:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who is your primary physician? \_\_\_\_\_

Current medical/physical problems: \_\_\_\_\_

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Are you currently treated by a psychiatrist? If so, who? \_\_\_\_\_

Please list any medications that you are taking:	Dosage:	What for:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you notice any side effects? \_\_\_\_\_

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Please list any previous medications you have been prescribed in the past and why it was discontinued:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the primary concerns that led you to making an appointment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been experiencing these issues? Briefly describe the onset of these issues. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you engaged in treatment previously? Briefly describe the reasons for treatment and the outcome. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your goals for treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has anything happened that may have caused and/or contributed to the emotional/behavioral problems that you are experiencing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any legal issues currently affecting you (e.g. divorce, custody, criminal activities, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_