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Psychological Associates, Inc.

ADULT

DEVELOPMENTAL QUESTIONNAIRE

(CONFIDENTIAL)

This is a detailed questionnaire. Its purpose is to help us understand you.

Many questions may be difficult to answer because they deal with events in a period that has been almost forgotten. However, it will help us greatly in our diagnostic study if you will endeavor to answer all questions as fully as possible.

If you feel additional space is required for answers to any of the questions, please use the back of the applicable page.

It will be reviewed with you so that you may expand further on any material if you wish.

I. IDENTIFYING INFORMATION

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone No.: _____

Place of Employment: _____ Phone No.: _____

Address of Employment: _____ Job Title: _____

Social Security No.: _____ Marital Status: _____

Health Insurance: _____ Policy No.: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone No.: _____

How / Who referred you for counseling?: _____

II. PRESENTING PROBLEMWhat led you to seek counseling at this time? (Problem as you would describe it): _____
_____How long have you been aware of reason for seeking counseling? (Development of problem)?:
_____**III. MEDICAL / PSYCHOLOGICAL HISTORY**

Name of physician: _____

Address: _____ Phone No.: _____

Do we have your permission to contact or request medical / psychological records? _____

Do you take prescribed or over-the-counter medications? Please list: _____
_____Describe your usual sleep pattern: _____
_____Describe your daily diet: _____

List dates and reasons for treatment, for physical / psychological complaints: _____

Have you been involved in counseling or psychotherapy before? _____

If so, describe situation and list date(s). Include psychological test results, if known: _____

Please answer YES or NO with comments:	<u>Past</u>		<u>Current</u>		<u>Comments*</u>
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	
1. Suicidal thoughts with intent / plan	()	()	()	()	_____
2. Past suicidal attempts	()	()	()	()	_____
3. Homicidal thoughts with intent / plan	()	()	()	()	_____
4. Past assaultive acts	()	()	()	()	_____
5. Social isolation	()	()	()	()	_____
6. External sources of stress (please indicate)	()	()	()	()	_____
7. Impulsivity / judgment problems	()	()	()	()	_____
8. Serious illness	()	()	()	()	_____
9. Indecisiveness	()	()	()	()	_____
10. Inability to care for self (physical impairment)	()	()	()	()	_____
11. Personal interaction problems	()	()	()	()	_____
12. Substance use (type, frequency, amount)	()	()	()	()	_____
13. Learning problems (suspected)	()	()	()	()	_____
14. Neurological problems	()	()	()	()	_____
Treated by: _____					
15. Sleep problems	()	()	()	()	_____
16. Appetite problems	()	()	()	()	_____
17. Guilt feelings	()	()	()	()	_____
18. Concentration problems	()	()	()	()	_____
19. Depressed mood	()	()	()	()	_____
20. Irritability	()	()	()	()	_____
21. Difficulty feeling pleasure	()	()	()	()	_____
22. Sexual problems	()	()	()	()	_____
23. Anxiety	()	()	()	()	_____
24. Panic attacks	()	()	()	()	_____
25. Phobias	()	()	()	()	_____
26. Hallucinations	()	()	()	()	_____
27. Delusions	()	()	()	()	_____
28. Suspiciousness	()	()	()	()	_____
29. Increased activity	()	()	()	()	_____
30. Decreased activity	()	()	()	()	_____
31. Smoking	()	()	()	()	_____
32. Allergies	()	()	()	()	_____

*Use this space for additional comments (or you may use the back of this sheet).

IV. DEVELOPMENTAL HISTORY

(Include date, place of birth, developmental milestones, etc.)

Do you view any particular time during your life as being most stressful? _____

If so, describe:

Do you view any particular time during your life as being happiest? _____

If so, describe:

What do you see most important for your development at this time? _____

Describe:

Are you affiliated with any philosophical or religious group? _____

Describe:

What are your leisure activities? _____

Describe:

V. EDUCATIONAL BACKGROUND / OCCUPATION

At what age did you begin school? _____

Did you attend pre-school or Kindergarten? _____

List schools, dates or completion, degrees: _____

Are you satisfied with your present job? Why or Why not? _____

VI. FAMILY BACKGROUND

1. Please describe your extended family. (List parents – living or dead, age, education of parents).

2. List yourself and siblings in order of birth:

<u>Name</u>	<u>Date of Birth</u>	<u>Grade level / Occupation</u>

3. Please describe your place (role) growing up in your family:

4. If married, please describe your family. List number of children and ages, if any:

5. If not married, please describe your present relationships:

VII. GOALS

What do you hope to gain from counseling?

How will you know if you have made a change?

DATE QUESTIONNAIRE COMPLETED: _____

USE BACK OF PAGE FOR ADDITIONAL COMMENTS