

# Psych Services of Roane County, Inc.

141 Main Street

Spencer, WV 25276

Phone: (304) 927-5262/Fax: (304) 927-0378

## Licensed Psychologist

Dr. John Kampsnyder, Ph.D

Janice Blake, M.A.

Barbara Holcomb, M.A., M.A.

## Supervised Psychologist

Chun Chun Ng (Dorothy), M.A.

Pamela Timmons, M.A.

James Taylor, M.A.

## ADULT INFORMATION FORM

‘CONFIDENTIAL’

### GENERAL INFORMATION

DATE: \_\_\_\_\_

Your Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Your employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_

Occupation \_\_\_\_\_ Who referred you here? \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What problems or difficulties are you experiencing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do others (family, friends, employers, supervisors, or co-workers) agree that there is a problem? \_\_\_\_\_

\_\_\_\_\_

Have you tried to get any help for this problem or any similar problem elsewhere? \_\_\_\_\_

If yes, where? \_\_\_\_\_

What treatment was recommended and what were the results? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FAMILY HISTORY

Father's Name: \_\_\_\_\_ Age if still living: \_\_\_\_\_

Date of death, if deceased (yr. only & cause) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age if still living: \_\_\_\_\_

Date of death, if deceased (yr. only & cause) \_\_\_\_\_

Were your parents divorced? \_\_\_\_\_ If so, when? \_\_\_\_\_ Did they remarry? \_\_\_\_\_ When? \_\_\_\_\_

Names and ages of brothers and /or sisters (please indicate year of death, if deceased):

<i>Name</i>	<i>Year of death, if deceased</i>
<i>1</i>	
<i>2</i>	
<i>3</i>	
<i>4</i>	
<i>5</i>	
<i>6</i>	
<i>7</i>	

Do you have any marriage problems? \_\_\_\_\_

Names and ages (oldest to youngest) of your children, if any:

<i>Name</i>	<i>Age</i>
<i>1</i>	
<i>2</i>	
<i>3</i>	
<i>4</i>	
<i>5</i>	
<i>6</i>	
<i>7</i>	

Are any of your children adopted? \_\_\_\_\_

Were you adopted? \_\_\_\_\_

If divorced, do the children get to see father/mother? \_\_\_\_\_

If so, how regularly? \_\_\_\_\_

Others living in the home? \_\_\_\_\_

Is there anything else you would like us to know about your family situation? \_\_\_\_\_

Please check any of the following which apply (if checked, please provide details):

		SELF	FAMILY			SELF	FAMILY
Allergies				Alzheimer's Disease			
Migraine Headaches				Reading Disorder			
Seizures				Learning Problems			
Birth Defects				Emotional Problems			
Hearing Problems				Suicide			
Vision Problems				Alcoholism			
Neurological Problems				Drug Abuse			
Diabetes				Sexual Abuse			
Epilepsy				Physical Abuse			
Cerebral Palsy				Verbal Abuse			
Mental Retardation				Criminal History			
Other				Other			

### BIOMEDICAL HISTORY

What aches, pains, or distresses do you have?

What have you been hospitalized for in the past?

Have you ever had an accident or bad fall?

Are you currently taking any medications? (***Please list what and who prescribed it***): \_\_\_\_\_

## EDUCATION AND WORK HISTORY

What is your level of education?

High School Graduate	Some High School	GED	Some College
College Graduate	Vocational School	Post Graduate	Other

Did you ever have special education classes?

Are you experiencing any problems at work with supervisors or co-workers?

How long have you been employed with your current employer?

## ADDITIONAL INFORMATION

Are there any problems outside the home (work, school, legal, financial, or other activities?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list your interests, hobbies, organizations (in order of importance to you): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

At this point, what solutions to your difficulties have you considered? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish through coming here? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any other significant or interesting facts about yourself that you may not have been asked about. You may write on the remainder of this form and back of this sheet if you wish. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_