

FAMILY PSYCHOLOGY ASSOCIATES, P.C.

Medical and Social History Form for Veterans

This is not a test - just a way for your counselor to get to know you.
We understand that you may feel uncomfortable about divulging personal information.
If you are uncomfortable about any question on this form, talk to your counselor about it.

Name: _____ Today's Date: _____

Address: _____

Date of Birth: _____ Age: _____ Race: _____

SERVICE INFORMATION:

Dates of Service: _____

Branch of the military _____

Deployments: (dates, locations, combat?) _____

FAMILY INFORMATION:

Family of Origin:

Names, ages and marital status of your parents _____

Names and ages of brothers _____

Names and ages of sisters _____

Describe your family life as you were growing up _____

Describe any divorces or other traumas in your family when you were young _____

Describe your relationships with friends and peers growing up _____

Describe social and marital relationships when you were in the military _____

Describe any marriages, dates, names of spouses since being in the military _____

Current Living Situation:

Marital status: Never Married Cohabiting Married Separated Divorced Widowed

If not living alone, with whom are you now living? _____

If Married

Spouse=s Name: _____ Date of Birth _____ Date of Marriage _____

Describe your spouse=s (or companion=s) personality _____

Is your present relationship satisfactory? If not, specify what is unsatisfactory _____

Names and ages of your children: _____

Do you have special concerns about any of your children? Is so, explain _____

OCCUPATIONAL AND EDUCATIONAL INFORMATION:

Educational level achieved: Self _____ Spouse _____

If you are currently a student list name of school and full or part-time status _____

Date of graduation from high school and location _____

Dates of college attendance, if any. Graduation date, major and location _____

Did you attend college before, during, or after military service? _____

What were your jobs before entering the military? _____

What was your job title(s) in the military? _____

What jobs have you held since discharge? Dates? _____

What is your current job? _____

How long have you held your current job or when did you retire? _____

In jobs since discharge, what kind of problems have you had that might be related to your military service? _____

Religion: Self _____ Spouse _____

HEALTH INFORMATION:

Physician: _____

Do you have any major medical problems? If so, please describe _____

Have you ever had a major head injury? _____

Do you ever lose control of your anger? If so, explain _____

Are you currently taking any medications? If so, please state which ones, dosage and how long you have been on them _____

Did you have mental health problems before entering the military (for example, depression, ADHD) _____

What mental health problems did you have in the military? _____

Did you seek any counseling or medication for mental health problems in the military? (when and where) _____

Describe mental health problems you have had since discharge _____

Describe any treatment you have received for mental health problems since discharge _____

Have you, or a family member, ever been hospitalized for emotional problems? Is so, please explain when, where and why _____

LEGAL and BEHAVIORAL PROBLEMS:

Describe any legal or behavioral problems you had before entering the military? _____

Describe any legal or behavioral problems you had while in the military (Article 15s, Court Martial) _____

Describe any legal or behavioral problems you have had since discharge (arrests, OWIs) _____

ALCOHOL AND DRUG USE:

How much alcohol did you drink before entering the military? _____
How often did you use illegal drugs before the military? _____

How much did you drink during military service? _____
How often did you use illegal drugs during military service? _____

How much have you drunk since discharge? _____
Has your drinking changed since discharge? _____
How much do you drink in an average week now? _____

Are you using illegal drugs now? Has that changed since discharge? _____

Has drinking or drug use caused you problems with the law or at work? If so, explain _____

Have you ever sought treatment for substance abuse? If so, describe when and where and what effect it had on your use _____

Has anyone in your family had problems with substance use or treatment for substance use? If so, explain _____

Thank you for filling out this form. Your answers will be kept confidential.

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