Leslie Spero, LCSW | LCS#26473
lesliesperoschneiderlcsw@gmail.com

LeslieLCSW.com | 818.571.3894
5737 Kanan Rd., #504, Agoura Hills, CA 91301

Personal History Adult

Intake Date:_____ *Completion Date:*_____*Termination Date:*_____

Name of Client:_____Birthdate: _____

Address:_____

Phone:_____City and State:_____ZIP Code:_____

Clients Phone: _____E-Mail:_____

Family History:

Spouse's Name: _____ Birthdate:_____

Single: _____ Married:_____(1st/ 2nd/ 3rd):_____

Separated:_____ Date of Separation:_____

Divorced:_____ 1st/ 2nd/ 3rd) Date of Divorce:_____

Living with Significant Other/Roommate:_____

Employer:_____Occupation:_____

Child's Names:_____ Ages: _____

Child's Name:_____ Ages: _____

Religious Preference/Affiliation_____

Medical History:

Personal Physician:_____Phone:_____

Address: _____City and State:_____

Current medical conditions: _____

Current Medications and Dosages: _____

Date of last Medical Exam:_____

Insurance Policy Holder:_____Date of Birth:_____

Reason for attending therapy:

What brings you to therapy now?_____

_____

What else would you like me to know? _____

_____

What would you like to achieve from therapy?_____

Who referred you to me?_____

Please check, which areas are you concerned about:

Isolates/withdraws: ____
Irritability: _____
Panic Attacks: _____
Hyperactive: _____
Nightmares: _____
Mood Swings: _____
Separation Anxiety: ____
Tearfulness: _____
Racing thoughts: _____
Hopelessness: _____
Cries Easily: _____
Inattentiveness: _____

Generalized anxiety: _____
Decrease in energy: _____
Frequent outbursts: _____
Appetite changes: _____
Aggression toward others: _____
Worries/fears: _____
Sadness: _____
Problems Concentrating: _____
Stomachaches or Headaches: _____
Sleep Disturbances: _____
Loss of interest in activities: _____
Memory Issues: _____

Weight Change: _____
Defiant Behaviors: ____
Self-Mutilating: _____
Frequent Fighting: ____
Anger issues: _____
Sexually acting out: ___
Steals: _____
Little or no friends: ____
Poor social skills: _____
Binging/Purging: _____