

Henderson Consulting & EAP Services

Family History

Name _____

Date _____

Place a mark below each person who has any of these behaviors or symptoms

	Self	Mother	Father	Brother	Sister	Mother's Mother	Mother's Father	Father's Mother	Father's Father
Rapid mood swings that change by the minute or hour									
Hot temper									
Impatient									
Unpredictable									
Impulsive behaviors and decisions									
Difficulty paying attention									
Restless									
Lots of energy, hyperactive									
Severe procrastination									
Not completing things (including high school or college)									
Many job losses or job changes									
Dyslexia or learning disabilities									
Had a "nervous breakdown" or difficulty handling stress									
Diagnosed ADD or ADHD									
Severe depression									
Severe Anxiety									
Panic attacks									
Serious drinking problems									
Manic depression or bipolar disorder									
Drug abuse									
Problems with the law									
Divorce									
Fears or phobias									
Suicide									
Prison									
Mental hospital									
Eating disorder									
Alcoholism									
Physical abuse									
Fire setting									
Soiling pants or wetting bed									
Motor or vocal tics									
Mental Retardation									
Sleeping problems									
Cancer									
Sexual abuse									
Poor appetite									
Shortness of breath									

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