



Altman Psychological Services, PLLC

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Client History Form

If additional space is needed, please continue on page 8 or include resumé.

Today's date: _____

Identification

Your name: _____ Date of Birth: _____ Age: _____

Nickname or aliases: _____

Home/Evening phone: _____ email: _____

Calls or email will be discreet, but please indicate any restrictions: _____

What is the purpose of this evaluation: ☐ Pre-employment ☐ Fitness of Duty ☐ Other: _____

History

Family of origin Birthplace: City _____ State _____

Relative	Name	Current age (or age at death)	Education	Occupation
Father				
Mother				
Stepparents				
Brothers				
Sisters				

Check any of the following that were present during your childhood:

- | | | |
|--|---|---|
| <input type="checkbox"/> Parental Divorce/Separation | <input type="checkbox"/> Parental Death | <input type="checkbox"/> Other Family Death |
| <input type="checkbox"/> Parental Unemployment | <input type="checkbox"/> Severe Parental Conflict | <input type="checkbox"/> Family Violence |
| <input type="checkbox"/> Family Relocation | <input type="checkbox"/> Legal Problems | <input type="checkbox"/> Death of Friend |
| <input type="checkbox"/> Curfew Violations | <input type="checkbox"/> Running Away | <input type="checkbox"/> Food/Weight Problems |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Describe each that you checked, including your age at the time of each event:

Abuse History

☐ I was not abused in any way. ☐ I was abused. If you were abused, please indicate the kind of abuse (e.g., P=Physical, S=Sexual, N=Neglect, E=Emotional).

Your age	Kind of abuse	By whom?	Effects on you?	Whom did you tell?	Consequences of telling?

Education

Dates		<i>Elementary, Middle School, High School</i>	Average grades	Special classes/grades repeated	Adjustment to school	Did you graduate?
From	To					

Dates		Post High School (technical college, college, university, or other training)	Average grades	Major Area of Study/Degree	Adjustment to school	Did you graduate?
From	To					

Did you play any sports or belong to any clubs in school, including fraternities/sororities? ☐ Yes ☐ No
If so, describe your relationship with other team/club members, including friendships conflicts and any leadership role you had:

Employment History (if needed, continue on page 8 or include a copy of your resumé)

Dates		Name of employers/military (past <i>and</i> present)	Job title or duties	Reason for leaving
From	To			

Have you ever had a problem with your boss/co-workers? ☐ Yes ☐ No
Explain:

Have you ever been disciplined or reprimanded on the job (verbal or written)? ☐ Yes ☐ No

Explain:

Have you ever been fired or asked to leave a job? ☐ Yes ☐ No

Explain:

What is the longest amount of time you held a job? _____

Have you ever been the subject of any internal affairs investigations? ☐ Yes ☐ No

Explain:

Have you ever been involved in a deadly force incident? ☐ Yes ☐ No

Explain:

Military History

Have you ever been in the military? ☐ Yes ☐ No

What was your last, highest rank or condition of discharge?

Were you ever formally disciplined? ☐ Yes ☐ No

Explain:

*Significant romantic **adult** relationships*

	Name of other person	Person's age when started	Your age when started	Your age when ended	Reasons for ending
First					
Second					
Third					
Current					

Marital history

	Name of other person	Person's age when started	Your age when started	Your age when ended	Reasons for ending
First					
Second					
Third					
Current					

Describe areas in your relationship with your partner or spouse you are most happy with:

Describe areas in your relationship with your spouse/partner you are most concerned about:

Children

Name	Current age	Sex	School	Grade	Adjustment/learning problems?

Describe areas in your relationship with your children you are most happy with:

Describe areas in your relationship with your children you are most concerned about:

Check any of the following that are/have been present in your immediate family (***e.g., spouse, children, etc.***):

- | | | |
|---|--|--|
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Death/Miscarriage of a Child | <input type="checkbox"/> Death of Spouse |
| <input type="checkbox"/> Other Family Death | <input type="checkbox"/> Spousal Unemployment | <input type="checkbox"/> Financial Problems |
| <input type="checkbox"/> Severe Spousal Conflict | <input type="checkbox"/> Family Violence/Intimidation | <input type="checkbox"/> Family Relocation |
| <input type="checkbox"/> Death of Friend | <input type="checkbox"/> Legal Problems (Spouse/Child) | <input type="checkbox"/> Child Curfew Violation (or step-) |
| <input type="checkbox"/> Child Running Away ((or step-) | <input type="checkbox"/> Food/Weight Problems | <input type="checkbox"/> Other _____ |

Describe each that you checked, including your age at the time of each event:

Substance Use

Check which chemicals you have used within the past 10 years:

- | | | |
|--|---|--|
| <input type="checkbox"/> Caffeine | <input type="checkbox"/> Tobacco (smoked or chewed) | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Marijuana/THC | <input type="checkbox"/> Cocaine/crack | <input type="checkbox"/> Inhalants (e.g., gas fumes, etc.) |
| <input type="checkbox"/> LSD/Acid | <input type="checkbox"/> Heroin/opiates | <input type="checkbox"/> Prescription pills (abuse) |
| <input type="checkbox"/> Sedatives | <input type="checkbox"/> Stimulants (meth/ice/etc.) | <input type="checkbox"/> Other _____ |

For each substance that has been checked, list the age started, how much you used each time, last use, and any use over the last 30 days:

Have you received any substance abuse/chemical dependency treatment? ☐ Yes ☐ No

If so, describe what kind of treatment you received and when you successfully completed this:

Do you have any family members who have had difficulty with substance abuse? ☐ Yes ☐ No

If so, please describe the details:

Legal

Have you ever been *arrested* as a juvenile or adult? ☐ Yes ☐ No

Have you ever been *convicted or adjudicated* for a misdemeanor or felony? ☐ Yes ☐ No

If you answered yes to either of these, explain the circumstances and result:

Do you have any family members who have had difficulty with illegal behaviors? ☐ Yes ☐ No

If so, please describe the details:

Ever been investigated by the Texas Department of Family Protected Services (or equivalent)? ☐ Yes ☐ No

If so, please describe the details:

Medical

List any major **medical** problems that might interfere with your ability to perform work of an officer (peace or security). **Do not** list any other medical problems, except those that might interfere with your ability to perform this work:

List any major **mental health** treatment, including counseling, hospitalizations, and medication you have been prescribed, along with approximate date.

Coping Skills

What do you do when you have conflict with others?

How do you handle problems that might present themselves (e.g., financial, job, relational, etc.)?

What do others notice about you when you experience stress?

What disappointments have you had in life?

How have you managed these disappointments?

What things cause you frustration?

What do you do when you are frustrated?

For Social Servants/Security (e.g., Police, Firefighters, etc.)

Describe what led to your decision to pursue a job in Law Enforcement/Emergency Work/Security, etc.:

What kinds of frustrations to you have in this work (or do you believe you will have)?"

Do you feel you have the kind of emotional support you believe you will need? ☐ Yes ☐ No

If yes, describe the support you have from your family or extended family:

If not, what changes would you like to see?

What concerns/fears do you have about some of the risks involved in this work?

General

Describe anything else you believe should have been addressed in this form that is important to gaining a better understanding of you and your life:

*****NEW APPLICANTS STOP HERE*****

*Fitness-for-Duty (this is **not** for pre-employment evaluations, new applicants, etc.)*

Describe in detail events that led to the request for this fitness-for-duty evaluation (*write on back if needed*):

Describe any work performance problems, concerns, or remediation you have had within the past couple years:

Additional Space