



Sanctuary for Healing and Integration, PLLC (SHIN)

Child & Adolescent and Adult Psychiatry

860 East 4500 South, Suite 302

Salt Lake City, UT 84107

FAMILY HISTORY (Adult)

Patient's Name: _____ Date: _____

FAMILY OF ORIGIN

	Name	Age	Medical/Psychiatric History
Father			
Mother			
Sibling			
Sibling			
Sibling			
Sibling			
Sibling			

PREVIOUS SIGNIFICANT RELATIONSHIPS

Name	Nature of Relationship: Married/Living Together	Year Started	Year Ended

FAMILY MEMBERS CURRENTLY LIVING TOGETHER

	Name	Age	Medical/Psychiatric History
Spouse/S.O.			
Children and/or Stepchildren			

FAMILY MEMBERS NOT LIVING AT HOME
