



**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 (Child & Adolescent)**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FATHER:** (circle one) Biological / Adoptive / Step / Other \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Education (number of years): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer / Work Address: \_\_\_\_\_

**MOTHER:** (circle one) Biological / Adoptive / Step / Other \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Education (number of years): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer / Work Address: \_\_\_\_\_

Are parents (circle one) LIVING TOGETHER / MARRIED / SEPARATED / DIVORCED?

If married or living together, how long? \_\_\_\_\_

Number of previous marriages for Mother: \_\_\_\_\_ Father: \_\_\_\_\_

If separated or divorced, how long ago? \_\_\_\_\_

Describe custody status of child(ren)/adolescent(s): \_\_\_\_\_

Describe nature of visitations with noncustodial parent: \_\_\_\_\_

**FAMILY MEMBERS CURRENTLY LIVING TOGETHER**

Name	Age	Relationship to Patient

**FAMILY MEMBERS NOT LIVING AT HOME**
