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**PSYCHIATRIC QUESTIONNAIRE**

**FULL NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** \_\_\_ Male \_\_\_ Female

**FAMILY HISTORY:**

**Yes No** Has anyone in your family (blood relative) suffered from emotional, problems, nervous problems, depressions or other stress conditions?  
If so, please list the family member(s) and briefly describe the problem.

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**Yes No** Has anyone in your family (blood relative) had problems with alcohol?  
If so, please list the family member(s) and briefly describe their problem.

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**Yes No** Has anyone in your family (blood relative) had problems with drugs?  
If so, please list the family member(s) and briefly describe the problem.

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**Yes No** Do any medical problems run in your family?  
If so, please list briefly and describe these problems.

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**Yes No** Has anyone in your family ever attempted or committed suicide?  
If so, please list briefly and describe the incident.

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**FATHER:**

How old is your father? \_\_\_\_\_ How many times was he married? \_\_\_\_\_

If he is deceased, when did he die? \_\_\_\_\_

What was the cause of his death? \_\_\_\_\_

How much education did he have? \_\_\_\_\_

What type of work did he do? \_\_\_\_\_

What was your father like when you were growing up? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of relationship did you have with your father? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MOTHER:**

How old is your mother? \_\_\_\_\_ How many times was she married? \_\_\_\_\_

If she is deceased, when did she die? \_\_\_\_\_

What was the cause of her death? \_\_\_\_\_

How much education did she have? \_\_\_\_\_

What type of work did she do? \_\_\_\_\_

What was your mother like when you were growing up? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of relationship did you have with your mother? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIBLINGS:** How many brothers do you have? \_\_\_\_\_ Sisters? \_\_\_\_\_

How old is the oldest sibling? \_\_\_\_\_

How old is the youngest sibling? \_\_\_\_\_

**PERSONAL HISTORY:**

State your birthdate. \_\_\_\_/\_\_\_\_/\_\_\_\_ Where were you born? \_\_\_\_\_

Please list *in order* all the cities and states in which you have lived and include the number of years (or age) you resided in each city.

Year(s)      City/State

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Please circle the type of **socioeconomic environment** in which you grew up.

poor      lower middle class      middle class      upper middle class      wealthy

**Yes No**      Did you suffer from any traumatic experiences as a child?  
If so, please describe these.

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**Yes No**      Did you have any juvenile behavioral problem(s)?  
Please check any problem(s) that you have experienced.

\_\_\_ Running Away      \_\_\_ Skipping School      \_\_\_ Fire Setting  
\_\_\_ Fighting      \_\_\_ Shoplifting      \_\_\_ Juvenile Court Difficulties  
\_\_\_ Lying      \_\_\_ Cruelty to Animals      \_\_\_ Drug or Alcohol Problems

**EDUCATION:**

Highest grade that you completed 1<sup>st</sup> through 12<sup>th</sup> grades: \_\_\_\_\_

**Yes No**      Do you have a high school diploma? School: \_\_\_\_\_

**Yes No**      Do you have a GED? Year obtained: \_\_\_\_\_

**Yes No**      Do you have technical school training? Trained in: \_\_\_\_\_

**Yes No**      Have you attended college? Years completed/credits earned: \_\_\_\_\_

**Yes No** Have you earned a college degree? School: \_\_\_\_\_

**Yes No** Do you have graduate training? School: \_\_\_\_\_

**SOCIAL HISTORY:**

Please circle your **sexual preference:** Heterosexual Homosexual Bisexual

How many **serious relationships** have you had in which both of you were in love with one another? \_\_\_\_\_

**Yes No** Were you ever abused? If so, how?: Physically Sexually Emotionally

Please circle your **Marital Status:** Single Married Widowed Separated Divorced

How many times have you been married? \_\_\_\_\_

Please list the name of your spouse or significant other: \_\_\_\_\_

What is the age of this individual? \_\_\_\_\_

How much education does this individual have? \_\_\_\_\_

What type of work do they do? \_\_\_\_\_

**Yes No** Is this relationship going well?

**Yes No** Are there any problems?

**Yes No** Do you have children? If so, how many? \_\_\_\_\_ What age(s) is(are) your child(ren)? \_\_\_\_\_  
\_\_\_\_\_

**Yes No** Are you having any problems with your child(ren)?  
If so, please specify which child(ren) and explain the problem(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OCCUPATIONAL HISTORY:**

**Yes No** Have you ever been in the Armed Forces? If so, what were the years of your enlistment? \_\_\_\_\_ Which branch? \_\_\_\_\_



**SUBSTANCE USE HISTORY:**

**Yes No** Do you smoke or have you smoked cigarettes? If so, how much? Have you quit? \_\_\_\_\_

**Yes No** Do you drink or have you drunk alcohol? If so, how much? Have you quit? \_\_\_\_\_

**Yes No** Do you use or have you used drugs? Have you quit using drugs?  
If you still use drugs, complete the following list:

<u>Drug(s)</u>	<u>How much?</u>	<u>How often?</u>
_____		
_____		
_____		
_____		

**Yes No** Have you ever been involved in a substance abuse, alcohol treatment or detoxification program? If so, please describe when and where.

<u>Years</u>	<u>Facility</u>
_____	
_____	

**MEDICAL HISTORY:**

Please list any medical problems that you have and when these conditions were diagnosed or discovered.

<u>Date Diagnosed/Discovered</u>	<u>Medical Problem(s)</u>
_____	
_____	
_____	
_____	
_____	

Please list all operations that you have had starting with any operations that you may have had as a child. Also list when these procedures were performed.

<u>Year/Age</u>	<u>Operation(s)</u>
_____	
_____	
_____	
_____	
_____	



