

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### PRESENTING PROBLEM:

Please describe the problems for which you are seeking help. \_\_\_\_\_

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About when did these problems start? \_\_\_\_\_

Do these problems seem related to something that's happened in your life? NO \_\_\_ YES \_\_\_ If yes, please describe \_\_\_\_\_

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Are there times when these problems seem less or more intense? NO \_\_\_ YES \_\_\_

If yes, please describe \_\_\_\_\_

### HARM CONCERNS:

Do you currently/past have thoughts of harming yourself in any way? NO \_\_\_ YES \_\_\_\_\_. If yes, please explain \_\_\_\_\_

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Do you currently have thoughts of harming someone else in any way? NO \_\_\_ YES \_\_\_\_.

Do you have a history of violence towards others? NO \_\_\_ YES \_\_\_\_.

Have you ever been emotionally, physically, or sexually abused? NO \_\_\_ YES \_\_\_\_.

**MENTAL HEALTH AND SUBSTANCE ABUSE INFORMATION FOR SELF AND FAMILY:**

Please list all the previous outpatient and inpatient mental health or substance abuse treatment you received.

| Name of Place | Location | Dates |
|---------------|----------|-------|
| _____         | _____    | _____ |
| _____         | _____    | _____ |

Please list any psychiatric medications you took in the past.

| Name of Place | Reason | Prescribed By | Dates |
|---------------|--------|---------------|-------|
| _____         | _____  | _____         | _____ |
| _____         | _____  | _____         | _____ |

Current medications: \_\_\_\_\_

Please list any family history of mental health/substance abuse problems/treatment for grandparents, parents, uncles/aunts, and siblings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have friends or family members attempted or committed suicide? NO \_\_\_ YES \_\_\_ If yes, the date \_\_\_\_\_.

**ALCOHOL, DRUG, AND TOBACCO USE:**

Do you currently use alcohol? NO \_\_\_ YES \_\_\_

Do you currently use street drugs? NO \_\_\_ YES \_\_\_

Have you used alcohol in the past? NO \_\_\_ YES \_\_\_

Have you ever attended treatment for alcohol abuse? NO \_\_\_ YES \_\_\_ DATE: \_\_\_\_\_

Have you ever been stopped by law enforcement and charged with a DUI/DWI? \_\_\_\_\_

Have you used street drugs in the past? NO \_\_\_ YES \_\_\_

Do you currently use tobacco? NO \_\_\_ YES \_\_\_

Have you used tobacco in the past? NO \_\_\_ YES \_\_\_

## CURRENT MEDICAL INFORMATION

Please list any major physical illnesses or problems: \_\_\_\_\_  
\_\_\_\_\_

Who is your primary care physician? When and why did you last see your physician?  
\_\_\_\_\_

Please list all prescription medications you are currently taking:

| Name of Medication | Purpose | Doctor |
|--------------------|---------|--------|
| _____              | _____   | _____  |
| _____              | _____   | _____  |

## PSYCHOSOCIAL HISTORY

Current Living Situation: (check & date)

Marital Status: Single\_\_\_\_ Married\_\_\_\_ Date:\_\_\_\_ Live-in\_\_\_\_ Date:\_\_\_\_ Separated\_\_\_\_ Date:\_\_\_\_

Divorced\_\_\_\_ Date:\_\_\_\_ Widowed\_\_\_\_ Date:\_\_\_\_

Name of spouse/significant other: \_\_\_\_\_

Years married or together: \_\_\_\_\_

Number of previous marriages:\_\_\_\_ Number of previous live-in relationships:\_\_\_\_

2nd marriage: Date: \_\_\_\_\_

3rd marriage: Date: \_\_\_\_\_

| Names of children/step-children | Gender | Age   | Living with you? |
|---------------------------------|--------|-------|------------------|
| _____                           | _____  | _____ | _____            |
| _____                           | _____  | _____ | _____            |
| _____                           | _____  | _____ | _____            |
| _____                           | _____  | _____ | _____            |

Background Information:

Please indicate if you were primarily raised by:

Biological mother \_\_\_\_\_ age \_\_\_\_\_      Biological father \_\_\_\_\_ age \_\_\_\_\_  
Step-mother \_\_\_\_\_ age \_\_\_\_\_      Step-father \_\_\_\_\_ age \_\_\_\_\_  
Adoptive mother \_\_\_\_\_ age \_\_\_\_\_      Adoptive father \_\_\_\_\_ age \_\_\_\_\_  
Foster mother \_\_\_\_\_ age \_\_\_\_\_      Foster father \_\_\_\_\_ age \_\_\_\_\_

Number of older brothers/sisters \_\_\_\_\_      Number of younger brothers/sisters \_\_\_\_\_

Please describe what your life was like while growing up \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education:

Years of school completed \_\_\_\_\_      Highest Degree \_\_\_\_\_

Typical grades \_\_\_\_\_      Did you receive special education services? No \_\_\_ Yes \_\_\_

Employment:

Are you currently employed? No \_\_\_ Yes \_\_\_ If Yes, where do you work and how long have you worked there?

\_\_\_\_\_  
If you are not employed, are you:  
\_\_\_ looking for work, \_\_\_ retired, \_\_\_ not looking for work  
\_\_\_ unable to work (please describe) \_\_\_\_\_  
\_\_\_\_\_

Social and Leisure Activities:

Please list your favorite leisure activities \_\_\_\_\_

\_\_\_\_\_

Please list social and community organizations to which you belong \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military Experience:

Did you serve in the Armed Forces? NO \_\_\_\_\_ YES \_\_\_\_\_

Past and current legal involvement:

Do you have past legal convictions? NO \_\_\_\_\_ YES \_\_\_\_\_

Are you currently on probation or parole? NO \_\_\_\_\_ YES \_\_\_\_\_

Do you have pending legal charges? NO \_\_\_\_\_ YES \_\_\_\_\_

Additional Information:

Please describe any additional information you feel is important to know \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

