



Identification

Name: _____ Date: _____

Chief concern

Please describe the main difficulty that has brought you to see me:

Treatment

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No Yes If yes, please indicate:

When?	From whom?	For what?	With what results?
_____	_____	_____	_____

2. Have you ever taken medications for psychiatric or emotional problems? No Yes If yes, please indicate:

When?	From whom?	Which medications?	For what?	With what results?
_____	_____	_____	_____	_____

Relationships

Please describe the following:

1. If applicable, how do you get along with your present spouse or partner? _____

2. If applicable, how do you get along with your children? _____

3. Your relationship with your family of origin (parents, siblings etc.): _____

4. Your relationship with others (e.g., few friends, lots of friends etc.): _____

Abuse history

I was not abused in any way. I was abused.

If you were abused, please indicate the following. For kind of abuse, use these letters: P = Physical, such as beatings. S = Sexual, such as touching/molesting, fondling, or intercourse. N = Neglect, such as failure to feed, shelter, or protect. E = Emotional, such as humiliation, etc.

Your age	Kind of abuse	By whom?	Effects on you?	Who did you tell?	Consequences of telling?
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Substance use

Please provide details about your use of alcohol and drugs, such as what you use, amounts, how often you use them, their effects, and so forth: _____

Legal history

1. Have you ever been arrested? No Yes. If yes, please explain: _____

2. Do you have any current charges pending against you? No Yes. If yes, please explain: _____

Suicide History

Do you have any current suicidal thoughts? No Yes.

Do you have a suicidal plan? No Yes.

Have you ever attempted suicide before? No Yes.

Have you ever engaged in self-harming behaviors (e.g., cutting, burning etc.)? No Yes.

Medical History

Do you have any medical illnesses? No Yes. If yes, please explain: _____

Have you ever been knocked unconscious? No Yes. If yes, please explain: _____

Other

Is there anything else that is important for me to know about, and that you have not written about on any of these forms? If

yes, please tell me about it here: _____

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.