

1220 N. Main St. #3 & 4 Springville, UT 84663

## Identification Date: Name: \_\_\_ 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, 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			
<ul><li>I was not abused in any wa</li></ul>	y. 🗖 I was abused.		
If you were abused, please ind S = Sexual, such as touching/r E = Emotional, such as humiliar Your Kind of	nolesting, fondling, or interco		P = Physical, such as beatings. illure to feed, shelter, or protect.  Consequences
age abuse By whom?	Effects on you?	Who did you tell?	
Substance use Please provide details about yo	our use of alcohol and drugs	, such as what you use, amou	ints, how often you use them,
their effects, and so forth:			
Logal history			
Legal history  1. Have you ever been arrested	d? □ No □ Yes Ifves n	lease explain:	
1. Have you ever been arrested	1: <b>4</b> No <b>4</b> 103. 11 yes, p	сазе ехріані.	
2. Do you have any current cha	arges pending against you?	☐ No☐Yes. If yes, please e	xplain:
Suicide History			
Do you have any current suicid	al thoughts?   No  Yes.		
Do you have a suicidal plan?	☐ No ☐ Yes.		
Have you ever attempted suici	de before? ☐ No ☐ Yes.		
Have you ever engaged in self	-harming behaviors (e.g., cu	tting, burning etc.)? 🗆 No 🗅	Yes.
Madical History			
Medical History  Do you have any medical illnes	sees 7 No 17 Ves If ves	nlease evnlain:	
Do you have any medical lilles	ises: a No a res. iryes,	ρισασσ σχριαιιί.	
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:
The following information is to be filled out by the treatment provider.
Diagnosis:
Treatment Plan:
This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.