

If divorced, what are the custody arrangements?

Who currently resides in your home?

Has anyone in the birth family had any of the following psychological disorders? Check all that apply and list who (self, mother, father, sibling, child):

<u>Yes</u>	<u>Condition</u>	<u>Family Member</u>
___	Mental Retardation	_____
___	Speech or Communication Disorder	_____
___	Attention Deficit/Hyperactivity/Impulsivity	_____
___	Learning Problems/Developmental Disorder	_____
___	Autism Spectrum/Asperger's Disorder	_____
___	Sleep Disorders	_____
___	Obsessive-Compulsive Disorder	_____
___	Phobias	_____
___	Anxiety	_____
___	Depression	_____
___	Manic-Depression/Bipolar Disorder	_____
___	Suicide Attempts/Suicide	_____
___	Schizophrenia or other psychosis	_____
___	Alcohol/Substance Abuse	_____
___	Seizures or other neurological disorder	_____
___	Genetic Disorder (e.g., Down Syndrome, Fragile X)	_____

Other: _____

Medical Information:

Primary Care Physician: _____

When was your last physical exam? Any relevant findings?

Are there any other physicians you see on a regular basis?

Describe any medical conditions that you have been diagnosed as having and any medical procedures you have had (surgeries, etc.).

List any medications (and the dosages) you take regularly. Include your prescriptions, over the counter medicines, vitamins, and supplements.

Client Psychiatric History:

Has the client had prior mental health counseling? ___ yes ___ no

Describe previous mental health services you have received (evaluations and therapy). Include any diagnosis and length of treatment.

Is there a history of mental illness in the family? ___ yes ___ no

Explain:

Presenting Concern:

Present psychological difficulties – please check any that apply to you at this time.

- Generalized Anxiety (across many situations)
- Specific fears/phobias (list): _____
- Panic attacks
- Social Anxiety
- Obsessive thinking or compulsive behaviors
- Body-focused repetitive behaviors (skin picking, hair pulling, nail biting, etc.)
- Sadness or Depression
- Emotionally overwhelmed
- Frequent crying
- Loss of energy
- Loss of pleasure in life
- Self-injurious/Self-harm behavior
- Thoughts of suicide
- Problems with eating
- Problems falling asleep
- Problems sleeping through the night (middle of the night waking or early morning waking)
- Trouble waking up
- Fatigue/tiredness during the day
- Nightmares
- Problems with attention or concentration
- Racing thoughts
- Problems making or keeping friends
- Problems controlling anger
- Relationship/Marriage problems
- Problems with intimacy
- Problems with job
- History of abuse (emotional, physical, sexual)
- Alcohol/drug use/abuse
- Financial problems
- Legal situation

Other: _____

Legal History

Have you ever filed or been involved in any litigation? Please explain

Is there anything else we should know about you that was not covered by this form?

Insurance:

Primary Insurance: _____ ID Number: _____

Name of Insured: _____ Insured's Date of Birth: _____

Insured Address: _____ Phone: _____

Secondary Insurance: _____ ID Number: _____

Name of Insured: _____ Insured's Date of Birth: _____

Insured Address: _____ Phone: _____

Responsible Party:

Name: _____ Relationship: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

I authorize this provider to release any information, including diagnosis, treatment plans / records to third party payers and / or health practitioners. I authorize and request that my insurance company (if applicable) pay directly to the provider or medical benefits that are, otherwise, payable to me. I understand that my medical insurance may pay less than the actual bill for service or may not cover certain treatment.

I hereby certify that the foregoing information is accurate and complete and that in consideration of treatment and services rendered to me or my dependents by this medical office. I accept responsibility and understand that I am responsible for the charges and fees that are due at the time service is provided, unless I make arrangements in advance.

Signature: _____ Date: _____