FOR INDIVIDUAL CLIENTS

CLIENT INFO	EMPLOYER & STATUS
Date of birth: _____/ _____/_____	Company:
Name:	Address:
Address:	
City:	City:
Zip:	Zip:
Home #:_____ Cell #:_____ Other #:_____	☐ I am self-employed ☐ I am retired ☐ I am a student ☐ I am both a student & work ☐ I am a Stay-at-Home-Mother/Father
On what number may I leave a confidential message: ☐ Home ☐ Cell ☐ Other	I am: ☐ single ☐ married ☐ divorced ☐ Separated

EMERGENCY CONTACT INFO
Notify: _____ Phone: _____
Relationship to client:

HEALTH AND MEDICAL
Primary Care Physician: _____
Phone: _____ fax: _____
Psychiatrist: _____
Phone: _____ fax: _____
Previous Therapist: _____
Phone: _____

WHEN ARE YOU AVAILABLE FOR A WEEKLY APPOINTMENT?				
50 Minute Sessions	**MON**	**TUES**	**WED**	**THURS**
9am, 10am, 11am, 12 noon				
1pm, 2pm, 3pm, 4pm				
5pm				

SYMPTOM ASSESSMENT

Please give as accurate account as you can and if you have any questions or concerns, please discuss these with me.

(√ your concerns)

I AM EXPERIENCING …	Never	Seldom	Often	Always	For how long?
Frequent worry or tension					
Fear of many things					
Discomfort in social situations					
Feelings of guilt					
Phobias: unusual fears about specific things					
Panic Attacks: Sweating, trembling, shortness of breath, heart palpitations					
Recurring or distressing thoughts about a trauma					
"Flashbacks" as if reliving the traumatic event					
Avoiding people/places associated with trauma					
Nightmares about traumatic experience (s)					

I AM FEELING …	Never	Seldom	Often	Always	For how long?
Decreased interest in pleasurable things					
Social isolation, Loneliness					
Suicidal Thoughts					
Bereavement or Feelings of Loss					
Changes in sleep (too much or not enough)					
Normal daily tasks require more effort					
Sad, hopeless about future					
Excessive feelings of guilt					
Low self-esteem					
Changes in my appetite (eat too much or too little)					

I NOTICE…	Never	Seldom	Often	Always	For how long?
I am angry, Irritable, hostile					
I feel euphoric, energized and highly optimistic					
I have racing thoughts					
I need less sleep than usual					
I am more talkative					
My moods: go up and down					

I HAVE…	Never	Seldom	Often	Always	For how long?
Memory problems or troubling sleeping					
Trouble explaining myself to others					
Problems understanding what others tell me					
Intrusive or strange thoughts					
Obsessive Thoughts					
Been hearing voices when alone					
Problems with my speech					

I HAVE…	Never	Seldom	Often	Always	For how long?
Risk taking behaviors					
Compulsive or repetitive behaviors					
Been acting without concerns for consequences					
Been physically hurting myself					
Been violent towards other (s)					

I USE THE FOLLOWING …	Never	Seldom	Often	Always	For how long?
Alcohol					
Nicotine (Cigarettes)					
Marijuana					
Cocaine					
Opiates					
Sedatives					
Hallucinogens					
Stimulants					
Methamphetamine					
Others					

MY EATING INVOLVES…	Never	Seldom	Often	Always	For how long?
Restriction of food consumption					
Binging and Purging					
Binge Eating					
A lot of weight loss or weight gain					

I HAVE …	Never	Seldom	Often	Always	For how long?
Concerns about my sexual function					
Discomfort engaging in sexual activity					
Questions about my sexual orientation					

EMPLOYMENT & SELF-CARE	Never	Seldom	Often	Always	For how long?
I have problems getting/keeping a job					
I have problems paying for basic expenses					
I am afraid of becoming homeless					
I have problems accessing healthcare					

PERSONAL AND FAMILY HISTORY

Have you ever been hospitalized for a psychiatric illness? ☐ yes ☐ no

Has a close relative ever been hospitalized for a psychiatric illness? ☐ yes ☐ no

Does anyone in your family have mental illness? ☐ yes ☐ no

Has anyone in your family ever attempted or committed suicide? ☐ yes ☐ no

Does anyone in your family have a substance abuse problem? ☐ Yes ☐ no

Have you ever been arrested? ☐ yes ☐ no

	Not working	Cannot function	Serious Problems	Moderate Problems	No Problem
How well are you doing at your job?					
How well are you doing in your marital/significant other relationship?					
How well are you doing in your family relationships?					
How well are you doing in relationships with people outside your family?					

OTHER INFORMATION

1. What do you consider to be your strength?

2. What do you like most about yourself?

3. What are the most effective coping strategies that you've learned?

4. Reasons for therapy at this time?

5. What are your goals for therapy?