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Name: _____ SS#: _____ Age/DOB: _____

Marital Status: S M Sep D W

Presenting Problem: _____

Are you having problems in any of the following areas? How long? How severe?

Sleep	Appetite	Energy	Concentration
Mood	Pain	Suicide	Anxiety/Panic

Last physical exam: _____ Health Problems: _____

Previous therapy:

<u>Dates</u>	<u>Therapist</u>	<u>Reason</u>	<u>Why Ended</u>

MEDICAL HISTORY (If yes, check box & write past or present)

- Headache _____ Hepatitis _____ Arthritis _____
- Head injury _____ Appetite/Weight Change _____ Cancer _____
- Loss of Consciousness _____ Thyroid Problems _____ Skin problems _____
- Asthma _____ Diabetes _____ Vision problems _____
- Shortness of breath _____ Kidney Disease _____ Hearing problems _____
- Allergies/Hay fever _____ Urinary Problems _____ Polio _____
- Heart problems _____ Seizures _____ Abnormal Lab Tests _____
- High Blood Pressure _____ Withdrawal Seizures _____ Sexual Problems _____
- GI disorder _____ Frequent Infections _____ Other _____
- Constipation _____ Anemia _____ Other _____
- Diarrhea _____ Allergies to medications- names and reactions: _____

WOMEN ONLY

Currently Pregnant? Yes No

Planning pregnancy? Yes _____ No _____

Regular Menstrual Cycles? Yes No

Date of Last PAP? _____

MEN ONLY

It's common for men to occasionally experience erection difficulties. Is this something that happens to you? Yes No

How often does this occur? Frequently Sometimes Rarely

HABITS

Smoke: Packs Daily _____ Coffee: Cups daily: _____ Sleep: Difficulty falling asleep _____

How long? _____ Other caffeine _____ Difficulty staying asleep _____

Tried stopping? _____ Alcohol/Drugs: Type: _____ Snoring _____

Exercise: What kind _____ Amount daily: _____ Early morning awakening _____

Minutes per day _____ Amount Weekly: _____ Special Diet: _____

Days per week _____

Medications

(For Office Use)

Facial Expression: sad /flat /hostile/ avoids gaze /frightened /anxious /angry /sullen /defiant /laughing /wooden /animated /unremarkable /other

Appearance/Dress: meticulous /poor hygiene /eccentric /seductive /ethnic /theatrically stylish /expensive /disheveled /careless / other

Speech: excessive /reduced /pressured /slowed /loud /soft /muted /slurred /stuttering /heavily accented / unmodulated / other

Behavior: irritable /angry outbursts /impulsive /hostile /silly /sensitive /apathetic /withdrawn /evasive /passive / aggressive /naïve / overly dramatic / manipulative /helpless /uncooperative /demanding /negative /oppositional /callous /cooperative /grandiose /defensive /bored /other

Flow of Thoughts: blocking /halting /circumstantial /tangential /perseverating /flight of ideas /loose associations /indecisive /distractible /storytelling / other

Content of Thoughts: flight of ideas /ideas of reference /suicidal /assaultive /homicidal /somatic /hypochondriacal /suspicious / impoverished /fears / obsessions / compulsions /unreality /persecution /running away /guilt /hopelessness /worthlessness / religiosity / sexual /blaming / other

Mood/Affect: overt anger /suppressed anger /anxious /flat affect /tearful /sobbing /depressed /elevated /labile /expansive /irritable /overwhelmed /other

Provisional Diagnosis: _____

Treatment Plan: _____
