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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:

Dates	Therapist	Reason	Why Ended

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Behavior: irritable /angry outbursts /impulsive /hostile /silly /sensitive /apathetic /withdrawn /evasive /passive / aggressive /naïve / overly dramatic / manipulative /helpless /uncooperative /demanding /negative /oppositional /callous /cooperative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

_____