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Please spend a few minutes thinking about each item and writing a brief answer. Setting goals and giving information are a very important part of the therapeutic process. This information will help us to help you more effectively.

1. **Why are you seeking help today?**

2. **What do you hope would be different as a result of therapy?**

SYMPTOM CHECKLIST	
PLEASE CHECK IF THERE ARE PROBLEMS WITH THE FOLLOWING	
__memory for recent events	**__numbness, tingling, feeling dizzy, faint**
__memory for remote events	**__fear of losing control, going crazy or dying**
__sleeping too little/too much	**__fear of going outdoors or leaving the safety of home**
__eating too little/too much	**__flashbacks or reliving the memories of traumatic**
__feeling depressed	**__nightmares or frightening images coming to mind**
__feeling hopeless	**__spacing out, losing track of the moment**
__loss of enjoyment or interest to activities	**__elevated or irritable mood**
__decreased energy	**__over confidence**
__difficulty with concentration	**__talking excessively, loudly or energetically**
__feeling worthless, guilty or overly self critical	**__thoughts racing, ideas flying**
__wishing to be dead	**__excessively busy, restless, pacing**
__thoughts of committing suicide	**__aggressive or assaultive behavior**
__trouble functioning at work	**__thoughts of hurting others**
__trouble functioning at home	**__impatient, impulsive or unpredictable behavior**
__uncontrollable worry or anxiety	**__hot or explosive temper**
__restlessness, feeling keyed up or on edge	**__engaging in dangerous behaviors**
__mind going blank	**__feeling overly suspicious or paranoid**
__easily fatigued	**__hearing voices that others do not hear**
__headaches, backaches, muscle aches	**__seeing visions or things others do not see**
__shortness of breath, hyperventilation	**__paranormal experiences**
__chest pain	

PAST PSYCHIATRIC HISTORY

3. Have you had psychotherapy before? If yes, when and where?

4. Have you had treatment for drug/alcohol problems? If yes, when and where?

5. Were you ever hospitalized for a mental problem or for alcohol or drug issues?

FAMILY PSYCHIATRIC HISTORY

6. List any biological family members, and their relationship to you, who have had mental/emotional problems, OR problems with alcohol/drugs.

MEDICAL HISTORY AND MEDICATIONS

7. List any medical conditions for which you are currently being treated and any chronic conditions.

8 List current Over the Counter (OTC) or prescription medications and dosages, which are <u>NOT</u> prescribed by a Physician.

SUBSTANCE USE HISTORY

9. Circle substances you have used and note frequency and amounts.

Substance	How often used	Amount	Last Use
a. nicotine			

b. caffeine
c. alcohol
d. marijuana
e. herbal preparations
f. amphetamines
g. cocaine
h. other -- list:

10. Have you ever tried to cut back on your use of a substance?

11. Has your use of substances been the source of arguments with important people in your life?

DEVELOPMENTAL AND FAMILY HISTORY

12. Where were you born?

13. Where were you raised?

14. Who raised you (biological parents, adoptive parents, foster parents, aunt, grandparent, etc)?

15. List the first names and ages of brothers / sisters or step siblings or half siblings.

16. What is your highest level of education?

17. Were there any problems in your early years or adolescence (i.e. Dating or peer relationships, developmental issues, etc)

18. Were you ever arrested or taken to juvenile court as a teenager?
If yes, explain:

19. Do you have any legal problems now (divorce, custody, bankruptcy, parole?
work. Comp claims or lawsuit(s) If yes, describe:

20. As an adult were you ever arrested or taken into custody?
If yes list dates and charges -- results:

SOCIAL, VOCATIONAL AND MILITARY HISTORY

21. Do you live alone or with others?
If with others, describe any problems and with whom.

22. List major relationships and or marriages/divorces/children) below in numerical order.

a. Relationship #1. _____(date) to _____reason it ended_____
(separation/divorce)
First names and ages of children from this union:

b. Relationship #2. _____(date) to_____reason it ended_____
(separation/divorce)
First names and ages of children from this union:

c. Relationship #3. _____(date) to_____reason it ended_____
(separation/divorce)
First names and ages of children from this union:

d. Relationship #4. _____(date) to_____reason it ended _____
(separation/divorce)
First names and ages of children from this union:

23. Are there problems in your current relationship (fighting, alcohol, sexual etc.) describe

24. What kind of work do you do and how satisfied are you with it?

25. How long have you been at your present job?

26. What job have you had the longest and how long were you there?

27. Were you in the military? If so, list branch, rank and dates of service.

28. Did you receive any disciplinary action? If yes, describe:

29. Have you ever been the victim of any kind of violence/abuse? If yes, please check appropriate box?

___Physical ___Sexual ___Emotional ___Rape ____Assault ___Other_____

30. Did this abuse/violence occur in: ___Childhood ___Teenager ____Adult hood

31 What are your Personality strengths and weaknesses?

Strengths: _____

Weaknesses: _____