



Sunshine Mental Health
PSYCHOLOGY SERVICES IN POWELL RIVER, B.C.
A Division of 1240001 B.C. Ltd.

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MRN:

ADULT HISTORY

PLEASE PRINT

The information you provide is strictly confidential and will be used only to aid in your care. Exceptions to confidentiality discussed in your first visit also apply to the information on this form. If you feel uncomfortable answering any item, please leave it blank and discuss with Dr. Kovacs.

PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____ MI _____
DATE OF BIRTH: _____
MONTH _____ DAY _____ YEAR _____ AGE _____
GENDER: _____ RACE/ETHNICITY _____ BIRTHPLACE _____

CONTACT INFORMATION

STREET ADDRESS _____ CITY _____ PROV _____ POSTAL _____
HOME PH: _____ - _____ - _____ OK TO LEAVE VOICEMAIL? ___Y___N
CELL PH: _____ - _____ - _____ OK TO LEAVE VOICEMAIL? ___Y___N TEXT? ___Y___N
WORK PH: _____ - _____ - _____ OK TO LEAVE VOICEMAIL? ___Y___N
EMAIL ADDRESS: _____

EMERGENCY CONTACT:

FIRST NAME: _____ LAST NAME: _____
HOME PH: _____ CELL PH: _____ WORK PH: _____
RELATION TO PATIENT: _____

OCCUPATIONAL INFORMATION

EMPLOYMENT STATUS: €FULL-TIME? €PART-TIME? €UNEMPLOYED? €RETIRED?
CURRENT OCCUPATION: _____
COMPANY NAME: _____
#YEARS WITH COMPANY: _____
HIGHEST LEVEL OF EDUCATION: _____
DEGREE/CERTIFICATE TITLE: _____ INSTITUTION: _____
YEAR GRADUATED _____

SOCIAL INFORMATION

RELATIONSHIP STATUS: _____
SPOUSE/PARTNER NAME (IF APPLICABLE): _____
PARTNER AGE: _____ #YEARS TOGETHER: _____

LIST CHILDREN, THEIR NAMES, AND ANY SIGNIFICANT PROBLEMS:

RELIGION: _____
HOW IMPORTANT IS RELIGION/SPIRITUALITY TO YOU? _____

LIST ALL MEMBERS OF HOUSEHOLD AND THEIR RELATIONSHIP TO YOU:

ANY CURRENT FINANCIAL STRESS:

IN GENERAL, HOW WOULD YOU DESCRIBE THE WAY YOU GET ALONG WITH PEOPLE?

HOW MANY CLOSE FRIENDS AND FAMILY MEMBERS CAN YOU RELY ON? _____

PLEASE DESCRIBE YOUR SOCIAL SUPPORT NETWORK:

DESCRIBE ANY RELATIONSHIP PROBLEMS:

DESCRIBE ANY PROBLEMS WITH REGARDS TO SEX:

MEDICAL HISTORY

DOCTOR'S NAME: _____

CURRENT PRESCRIPTIONS:

PAST PRESCRIPTIONS:

SIGNIFICANT HEALTH HISTORY OR CONDITIONS:

SUBSTANCE USE

CURRENT MONTHLY OR YEARLY USE

PAST:

LIST ANY EXPERIENCES WITH DRUG REHAB PROGRAMS OR CURRENT RECOVERY GROUPS:

LEGAL HISTORY

LIST ANY CRIMINAL CHARGES OR OPEN LEGAL DISPUTES:

LIFESTYLE

PLEASE DESCRIBE YOUR CURRENT LEVEL OF PHYSICAL ACTIVITY: (Eg., sports, activities, exercise, etc.)

PLEASE DESCRIBE YOUR CURRENT DIET / EATING HABITS: (Eg. vegan, low sodium, excessive eating when stressed; lack of appetite, repetitive dieting, etc.)

PLEASE DESCRIBE ANY PROBLEMS WITH SLEEP:

PSYCHOLOGICAL HISTORY

PREVIOUS COUNSELLING? (LIST NAMES, DATES, AND THE PRIMARY PROBLEMS):

EG., DR. SUSAN SMITH 2010-2012 DEPRESSION

PREVIOUS HOSPITALIZATIONS FOR PSYCHIATRIC PROBLEMS?

PREVIOUS TESTING / ASSESSMENTS?

FAMILY MENTAL HEALTH HISTORY (EG, MOTHER (DEPRESSION))

MATERNAL SIDE _____

PATERNAL SIDE _____

HAVE YOU EVER CONTEMPLATED SUICIDE OR HURTING YOURSELF? PLEASE SHARE

DO YOU CURRENTLY HAVE ANY SUICIDAL IDEAS? IF SO, PLEASE EXPLAIN:

PLEASE DESCRIBE ANY PROBLEMS YOU MIGHT HAVE HAD IN CHILDHOOD OR ADOLESCENCE:

HAVE YOU EVER EXPERIENCED A SERIOUS TRAUMA? IF SO, PLEASE EXPLAIN:

TELL ABOUT ANY PROBLEMS WITH DEPRESSION:

TELL ABOUT ANY PROBLEMS WITH ANXIETY:

TELL ABOUT ANY PROBLEMS WITH ANGER/AGGRESSION:

HOW DO YOU EXPLAIN WHAT IS GOING ON IN YOUR LIFE?

ANY OTHER IMPORTANT INFORMATION?

WHO REFERRED YOU TO SUNSHINE MENTAL HEALTH?

DASS 21

NAME _____ DATE _____



Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time – SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time – OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

Select
0 1 2 3

FOR OFFICE USE

			D	A	S
1.	I found it hard to wind down				
2.	I was aware of dryness of my mouth				
3.	I couldn't seem to experience any positive feeling at all				
4.	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)				
5.	I found it difficult to work up the initiative to do things				
6.	I tended to over-react to situations				
7.	I experienced trembling (eg, in the hands)				
8.	I felt that I was using a lot of nervous energy				
9.	I was worried about situations in which I might panic and make a fool of myself				
10.	I felt that I had nothing to look forward to				
11.	I found myself getting agitated				
12.	I found it difficult to relax				
13.	I felt down-hearted and blue				
14.	I was intolerant of anything that kept me from getting on with what I was doing				
15.	I felt I was close to panic				
16.	I was unable to become enthusiastic about anything				
17.	I felt I wasn't worth much as a person				
18.	I felt that I was rather touchy				
19.	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)				
20.	I felt scared without any good reason				
21.	I felt that life was meaningless				
		TOTALS			

DASS Severity Ratings

The DASS is a **quantitative** measure of distress along the 3 axes of depression, anxiety¹ and stress². It is not a categorical measure of clinical diagnoses.

Emotional syndromes like depression and anxiety are intrinsically dimensional - they vary along a continuum of severity (independent of the specific diagnosis). Hence the selection of a single cut-off score to represent clinical severity is necessarily arbitrary. A scale such as the DASS can lead to a useful assessment of **disturbance**, for example individuals who may fall short of a clinical cut-off for a specific diagnosis can be correctly recognised as experiencing considerable symptoms and as being at high risk of further problems.

However for clinical purposes it can be helpful to have 'labels' to characterise degree of severity relative to the population. Thus the following cut-off scores have been developed for defining mild/moderate/severe/ extremely severe scores for each DASS scale.

Note: the severity labels are used to describe the full range of scores in the population, so 'mild' for example means that the person is above the population mean but probably still way below the typical severity of someone seeking help (ie it does not mean a mild level of disorder).

The individual DASS scores do not define appropriate interventions. They should be used in conjunction with all clinical information available to you in determining appropriate treatment for any individual.

¹Symptoms of psychological arousal

²The more cognitive, subjective symptoms of anxiety

DASS 21 SCORE

DEPRESSION SCORE	ANXIETY SCORE	STRESS SCORE

	Depression	Anxiety	Stress
Normal	0 - 4	0 - 3	0 - 7
Mild	5 - 6	4 - 5	8 - 9
Moderate	7 - 10	6 - 7	10 - 12
Severe	11 - 13	8 - 9	13 - 16
Extremely Severe	14 +	10 +	17 +