

Please circle any symptoms you are currently experiencing:

- | | | |
|--------------------------------|---------------------------------|-----------------------------------|
| Anger | Anxiety | Auditory or visual hallucinations |
| Concentration/focus problems | Depressed mood | |
| Eating/Appetite changes | Increased Alcohol or Drug Usage | |
| Obsessive thoughts or behavior | Paranoid thinking | Racing thoughts |
| Sadness | Sleep changes | Suicidal thoughts |

Please list any current medications you are taking and dosages:

Have you ever used alcohol or drugs to excess? What did you use and when?

Are you currently using alcohol or other drugs? If so, what and how often?

Do you suffer from any medical conditions? Please include illnesses such as diabetes, high blood pressure, heart disease, heart attacks, strokes, thyroid, liver or kidney ailments, sexually transmitted diseases, cancer, or any other conditions.

Have you ever been:

- Physically abused? _____
Sexually abused, assaulted or raped? _____
Emotionally or verbally abused? _____

Have you ever been admitted to a psychiatric facility or been treated by another mental health professional in an outpatient setting? Please list any inpatient or outpatient care, medication treatment, or therapy of any kind.

Are you aware of anyone in your family with mental health concerns or emotional problems? What was their problem?

Who do you live with at this time? Please include children, parents or others and their ages.

Do you have children who are living out of the home? How old are they and where do they live?

What is the highest level of education you have completed?

Have you been arrested, incarcerated, placed on probation, or have a pending court date? For what reason?
