

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Your age? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Your Primary Care Physician: \_\_\_\_\_ Your Psychiatrist: \_\_\_\_\_

I. Presenting Problem: Please identify the patient's symptoms or difficulties, and the length of time that the patient has been experiencing these problems.

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II. Family / Social Environment: Please identify the names and ages of people with whom the patient lives and any important past or present stresses in the patient's social world.

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III. Marital History: *For adult patients:* Please identify date of marriage and divorce; *for child patients,* please identify marital history of parents, and if necessary, custody and visitation information.

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IV. Legal / Financial Concerns: Please identify any past or present problems in this area, such as arrests, probation, custody, bankruptcy, etc.

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V. Medical / Psychiatric History: Please identify any history of significant physical or mental illnesses, and any associated hospitalizations and any known diagnoses:

Patient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present medications and dosages/times:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

VI. Alcohol and Recreational Drug / Substance Use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VII. Employment / School: Please identify current job and hours, or school and grade-level. How is patient doing in this environment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. Leisure Activities that the patient enjoys:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature or Person providing information: \_\_\_\_\_ Today's Date: \_\_\_\_\_