NEW PATIENT INFORMATION FORM: ***ADULT*** NAME: _____

BRIEFLY DESCRIBE WHY YOU HAVE COME FOR MENTAL HEALTH SERVICES:_____

_____

IF YOUR REASON FOR COMING WERE RESOLVED, HOW WOULD YOUR LIFE BE DIFFERENT?_____

_____

HOW STRESSFUL ARE THESE AREAS OF YOUR LIFE? scale of 0 – 10, 0 = no stress, 10 = maximum stress

family___ friends___ work___ school___ leisure time___ money___ living situation___ legal situation___ health___ spiritual life____

RELIGIOUS AFFILIATION_____ HOW IMPORTANT? very__ some__ little__ none__

HAVE YOU HAD MENTAL HEALTH SERVICES THIS CALENDAR YEAR? No___ yes___ with_____

phone _____ address_____last seen_____

HAVE YOU HAD MENTAL HEALTH SERVICES PRIOR TO THIS CALENDAR YEAR? no___ yes___

with _____address _____ last seen_____

and _____address _____last seen_____

IF YOU ANSWERED "YES," WHAT WAS MOST HELPFUL?_____

WHAT WAS LEAST HELPFUL? _____

PRIMARY CARE_____ phone _____last seen_____

PSYCHIATRIST _____phone_____ last seen_____

HEALTH PROBLEMS FOR WHICH YOU ARE OR HAVE BEEN TREATED_____

_____

HOSPITALIZATIONS OR EMERGENCY ROOM SERVICES_____

_____

MEDICATIONS (PRESCRIBED AND OVER THE COUNTER) AND SUPPLEMENTS YOU TAKE:_____

_____ALLERGIES? no___ yes___ to what_____

EMERGENCY CONTACT_____ H_____ C_____ W_____

ADDRESS_____ RELATIONSHIP_____

HAVE YOU OR ANY MEMBERS OF YOUR IMMEDIATE OR EXTENDED FAMILY HAD A HISTORY OF:
X=self H=husband W=wife C=child F=father M=mother S=sister B=brother A=aunt U=uncle G=grandparent

depression_____ anxiety_____ phobias/fears_____ learning problems_____ attention problems_____ memory problems_____
hyperactivity_____ seizures_____ rage/aggression_____ alcohol abuse_____ drug abuse_____ DUI/DWI_____ incarceration _____
abuse: emotional_____ physical _____ sexual _____ psychiatric hospitalization_____ attempted/completed suicide_____

CURRENT FAMILY (include spouse/partner, all children, plus any other person who shares your home)

Name	relationship	age	occupation/grade	where lives

CIRCLE ANY OF THE FOLLOWING THAT DESCRIBE YOU IN THE PAST MONTH:

anxious	depressed	fearful	sad	angry	hurting myself	suicidal thoughts
resentful	stressed	unhappy	hurt	lonely	discouraged	confused
irritable	frustrated	agitated	moody	ashamed	overwhelmed	inferior
hopeless	helpless	unloved	dishonest	tired	embarrassed	unmotivated
betrayed	abandoned	inadequate	irresponsible	guilty	impulsive	out of control
can't sleep	nightmares	no appetite	eat too much	worrying	suspicious	misunderstood
sex problems	work absences	don't stand up for myself		failing	perfectionist	unwanted
worthless	can't relax	don't enjoy things		arguing	feel stupid	obsessing
trouble finishing tasks		trouble making decisions		trouble concentrating	hurting myself	hurting others
						breaking rules/laws

FINISH THE FOLLOWING SENTENCES:

I am a person who_____

What I need now is _____

I could help myself by _____

HAVE YOU EVER THOUGHT THAT YOU SHOULD CUT DOWN ON TEXTING, INTERNET USE, VIDEO GAMING, EATING, SMOKING, DRINKING, DRUG USE, GAMBLING, SEX OR ANOTHER BEHAVIOR? no___ yes___ WHAT IS THE BEHAVIOR?_____

HAVE YOU EVER BEEN ANNOYED BY SOMEONE ELSE'S REACTION TO THIS BEHAVIOR? no___ yes___

HAVE YOU EVER FELT GUILTY ABOUT THIS BEHAVIOR? no___ yes___

HAS THAT BEHAVIOR EVER RESULTED IN YOU DOING SOMETHING WHICH BROKE THE LAW, OR SOMETHING YOU FELT WAS UNETHICAL OR IMMORAL? no___ yes___

THERAPIST NOTES_____

_____