

Name: _____ Date of Birth: _____
 Date: _____ Social Security #: _____
 Address: _____ Insurance Carrier: _____
 _____ Policy #: _____
 Phone #: _____ Subscriber Name: _____
 Ethnicity: _____ Emergency Contact: _____
 Religion: _____ Phone #: _____
 Language(s) Spoken: _____ Preferred: _____ Relationship to Client: _____

Why are you seeking treatment at this time?

Treatment History:

When did your current symptoms/issues begin?

Outpatient Treatment History:

Where:	Dates Attended:	Frequency of Visits:
_____	_____	_____
_____	_____	_____
_____	_____	_____

What motivates you to participate in your treatment? _____

Are you currently experiencing any depression or anxiety? If so, please describe. _____

Psychotropic Medication:

Present Medication	Dosage & Frequency	Side Effects	Effectiveness
_____	_____	_____	_____
_____	_____	_____	_____

Name, Address and Phone # of Pharmacy: _____

Information about Past Medications:

Past Medication	Side Effects	Effectiveness

Have you ever stopped taking prescribed medication? _____ If yes, why? _____

Addiction:

Do you have a history of addiction? If yes, please fill in the questions below. If not, please skip to next section.

Drug	Age at first use	Age at regular use	Frequency	Amount	Last use
Alcohol					
Cocaine / Crack					
Marijuana					
Heroin					
Nicotine					
Caffeine					
Prescription Meds					
Other:					

Do you drink or use drugs more to get the same effect as when you started drinking? _____

Have you experienced withdrawal symptoms? _____ If yes, what kind (poor sleep, flu-like, DT's, blackout)? _____

Under what circumstances do you typically use? _____

Have you or anyone else ever thought you needed help because of your gambling? _____ If yes, explain: _____

Have you or anyone else ever thought you needed help for your sexual thinking or behavior? _____
If yes, explain: _____

Are you satisfied with your current weight? _____ If no, explain: _____

Legal:

Do you have any charges pending against you? _____ If yes, describe charges, current status, drug / ETOH involvement, and impact on treatment: _____

Childhood / Developmental History:

Parents / caregivers: Together? _____ Divorced? _____ Deceased? _____

Family History of Psychiatric Illness / Addiction (diagnosis, hospitalizations, suicide attempts): _____

What was it like growing up in your home? _____

Social History:

Marital Status: ___ Never Married ___ Married / Living as Married ___ Separated ___ Divorced ___ Widowed

Do you have any children? _____ If yes, please give names, ages, relationship with, where they are: _____

Do any of your children experience: _____ psychiatric _____ behavioral _____ cognitive or _____ emotional issues? If yes, please explain: _____

Have you ever had any involvement with DYFS? _____ If yes, please explain _____

Trauma History:

Have you experienced a death of someone you cared about? _____ If yes, please describe (who, when, how did you cope, who gave you support, comment on social, spiritual, and cultural variables influencing perception of loss): _____

Have you ever experienced ___ physical abuse ___ sexual abuse ___ emotional abuse ___ neglect or ___ exploitation? If yes, please describe (when, by whom, etc.): _____

Have you ever been a victim of a violent crime (ie: assault, mugging, rape, etc.)? _____ If yes, please describe (when, type of crime, outcome, etc.): _____

Leisure and Recreation:

What do you do to relax and unwind? _____

Social Interactions and Peer Group:

Who are the significant individuals / supports in your life? _____

Residential:

Living Circumstance: ___ Alone ___ With Family ___ Other (describe): _____
Living Situation: ___ Own Home ___ Apartment ___ Boarding Home ___ Group Home ___ Supervised Apartment ___ Shelter ___ Other: please describe: _____

Educational / Vocational History:

Highest Grade Completed: _____ Degree and Institution: _____

What type of student were you? (learning difficulties, honors classes, favorite / preferred classes): _____

Are you currently employed? If so, what is your employment?

What are your long term goals?

