

PRESENTING CONCERNS & HISTORY

Name: _____ Date: _____

Your main concerns:

What got you to actually pick up the phone and call:

SYMPTOMS

Rate every symptom below that you have ever significantly experienced: 1 = mild intensity, 2 = moderate, 3 = severe. Circle the number if you have had the symptom anytime during the past two months. Some items are repeated; mark them each time.

Depression:

- depressed mood
- lessened interest in normal activities
- 5% weight loss or gain in one month
- inability to sleep
- sleeping too much
- excessive fatigue
- feelings of worthlessness
- unrealistic guilt
- thoughts of death
- suicidal thoughts, plan, or attempt
- appetite too high
- appetite too low
- low self-esteem
- poor concentration
- unable to make decisions
- feelings of hopelessness
- crying spells

Elevated Mood:

- inflated self-esteem
- decreased need for sleep
- talkative
- mind races from one idea to next
- distractible
- exaggerated level of activity: social, work, school
- physical restlessness
- excessive spending
- accelerated sexual behavior
- risky financial investments

Anxiety:

- panic attacks
- phobias
- obsessions--thoughts you can't stop thinking
- compulsions--behaviors you can't stop doing
- doubting and indecisions
- dry mouth
- sweating
- wringing hands
- dizziness
- choking
- nausea
- numbness
- chest pain
- fear of dying
- fear of going crazy/out of control
- fear of leaving the house

Trauma Stress:

- recurring or intrusive memories of a trauma
- recurring dreams or nightmares
- sudden acting/feeling as if trauma is recurring
- distress at events that symbolize or resemble trauma
- you avoid thoughts or feelings that remind you of trauma
- you avoid activities or situations that remind you of trauma
- inability to recall important aspects of trauma
- diminished interest in significant activities
- feelings of detachment or disconnectedness from environment
- narrow range of emotions

- ___ sense of foreshortened future (e.g., feel will die early)
- ___ difficulty falling or staying asleep
- ___ irritability or outbursts of anger
- ___ difficulty concentrating
- ___ excessively watchful for danger
- ___ exaggerated response when surprised by another person
- ___ physiological reaction at events that remind of trauma

ADHD

Inattention:

- ___ poor attention to details; careless mistakes
- ___ poor attention in tasks or play
- ___ poor attention when spoken to directly
- ___ poor follow through on instructions
- ___ failure to finish schoolwork, chores, or duties (not oppositional behavior or failure to understand instructions)
- ___ difficulty organizing
- ___ avoiding or disliking sustained mental effort
- ___ losing things needed for activities
- ___ easily distracted
- ___ forgetful

Hyperactivity:

- ___ fidgeting, squirming (or did so when a child)
- ___ leaving seat or desk often
- ___ feelings of restlessness
- ___ difficulty engaging in leisure quietly
- ___ "on the go" or "driven by a motor"
- ___ talking excessively

Impulsivity:

- ___ blurting out answers before questions are completed
- ___ difficulty awaiting turn
- ___ interrupting/intruding on others

Mood-Related Stress:

- ___ volatile, intense relationships
- ___ potentially self-damaging impulsiveness (spending, sex, substance abuse)
- ___ mood swings
- ___ intense anger
- ___ thoughts of wanting to hurt someone; homicidal thoughts
- ___ self-mutilating behavior
- ___ identity disturbance
- ___ feelings of emptiness/boredom
- ___ difficulty being alone

- ___ frantic efforts to avoid abandonment

Thinking Processes:

- ___ memory impairment
- ___ difficulties with any of five senses
- ___ problems planning events or carrying out complicated mental tasks
- ___ outbursts of temper; emotions that go way up and down quickly
- ___ head injury
- ___ identifiable brain disease

Relationships:

- ___ divorce
- ___ arguments
- ___ jealousy
- ___ anger
- ___ fights over money/sex
- ___ can't establish a relationship
- ___ emotionally dependent relationships
- ___ simultaneous multiple relationships

Eating:

- ___ binge eating
- ___ purging (forced vomiting)
- ___ bulimia
- ___ anorexia
- ___ obesity
- ___ eating to "medicate" away feelings

Drugs, Alcohol, Other Compulsive Behaviors:

Describe your pattern of behavior for each item, the time frame involved, and your current experience.

- ___ alcohol
- ___ cocaine
- ___ crystal meth
- ___ other amphetamines
- ___ heroin
- ___ nicotine
- ___ ecstasy
- ___ PCP
- ___ LSD
- ___ marijuana
- ___ other drugs: _____
- ___ gambling
- ___ overworking; no personal life
- ___ compulsive buying or shopping
- ___ other compulsive behaviors (counting things, checking locks, etc.)
- ___ obsessive thoughts

Sexually Compulsive Behavior:

- ___ more extensive sexual behavior than intended
- ___ desire & unsuccessful efforts to stop, reduce, or control sexual behavior
- ___ inordinate time spent obtaining sex, being sexual, or recovering from sex
- ___ preoccupation with sexual behavior or preparatory activities for sex
- ___ replaces occupational, academic, domestic, or social obligations
- ___ continuation despite negative consequences
- ___ needing more and more sex, or more intense sex, over time
- ___ avoiding making social, occupational, or recreational plans to be available for possible sex
- ___ distress, restlessness, irritability if unable to be sexual

Sexually Anorexic Behavior:

- ___ feeling resistant or aversive to sexual activity
- ___ mental preoccupation and obsession with avoiding sexual contact
- ___ aversion to sex even if self-destructive or harmful to relationship
- ___ extreme efforts to avoid sexual contact
- ___ avoiding intimacy and relationships out of fear of sexual contact
- ___ self-mutilation, distortions of body appearance, dressing in an unattractive manner to avoid being sexually attractive
- ___ rigid, judgmental attitudes towards own sexuality and sexuality of others
- ___ extreme shame and self-loathing about sexual experiences, body perceptions, and sexual attributes
- ___ distress, anxiety, restlessness, or irritability because of sexual contact or potential contact
- ___ despair about sexual functioning
- ___ affects work, hobbies, friends, family, and primary relationship

Codependency:

- ___ seeking validation through being needed and by rescuing others
- ___ strong feelings of vulnerability related to abandonment
- ___ attraction to individuals who need parenting
- ___ getting into relationships with individuals who have an addiction
- ___ remaining in a relationship even when clearly unsatisfactory
- ___ trying to control another person's destructive behaviors
- ___ being possessive of another person

Other:

- ___ feelings of unreality about yourself or environment
- ___ loneliness
- ___ lack of identity
- ___ feelings of helplessness
- ___ marital difficulties
- ___ parenting difficulties
- ___ employment/school problems
- ___ compulsive under-earning; can accept only low paying jobs
- ___ money management problems
- ___ perfectionism
- ___ spiritual or religious concerns
- ___ hyperreligiosity
- ___ losses, deaths
- ___ frequent lying
- ___ lack of assertiveness
- ___ sexual performance problems; impotence
- ___ sexual orientation concerns
- ___ gender identity concerns
- ___ shy, uneasy with others, withdrawn
- ___ concerns about living arrangements
- ___ aggressive or violent behavior
- ___ generalized dissatisfaction
- ___ headaches, abdominal distress
- ___ other: (list) _____
- ___ _____
- ___ _____
- ___ _____

PERSONAL HISTORY

Please give details for the following:

Psychiatric History

Inpatient psychiatric hospitalization (including drug or alcohol rehab):

Outpatient treatment: (starting when, by whom, how long, helpfulness)

Diagnosis: (when, by whom)

Current psychiatric medications (name and phone number of psychiatrist, names and amounts of medications, when started each):

Circle 12-step meetings attending or attended: AA NA AIAnon Coda SA SLAA SCA SAA DA
OA Do you have a sponsor? Y N What step are you working on? _____

Current suicidal thoughts or plans: (include family history of suicide, current reasons for being suicidal, means you would use, and what could happen that might push you over the edge)

Previous suicidal thoughts, plans, or attempts:

Thoughts of hurting someone else (even "for their own good"); current or past homicidal thoughts, actions, plans:

Developmental History

Birth and infancy:

Difficulties during your mother's pregnancy with you; date and place of birth:

Congenital or hereditary defects:

Infancy: (problems nursing, weaning, developmental milestones such as walking or talking, diseases)

Before age 6: (problems with sleeping, eating, familiar relationships; early recollections or outstanding memories, traumas not mentioned above)

Primary school years: (problems with social development, school attendance, feelings about school, family happenings, family moves)

Adolescent development: (problems during junior high and high school, dating, friendships, social activities, early sexual knowledge and experiences, positive things you accomplished)

Family of Origin

Mother: Age (if living): _____ Year deceased: _____ Age at death: _____
Your relationship:

Her marital history:

Father: Age (if living): _____ Year deceased: _____ Age at death: _____
Your relationship:

His marital history:

Step parents: (age, deceased, description, relationship, who you lived with)

Siblings: # younger siblings _____ # older siblings _____
Significant sibling relationships:

Atmosphere in home: (including how punished, physical environment, who was in home)

Parents: (circle) rigid/authoritarian disengaged/cold chaotic enmeshed alcoholic sadistic

Abuse inside or outside home: sexual physical emotional

Specific role in family (if you had one and know it): hero scapegoat lost child clown

Other family: (extended family, mental illness history of family including alcoholism, people outside your family who were an emotional resource to you)

Academic History and Early Adulthood

College attendance: (where, when, major, grade point average)

Significant happenings, both positive and negative, during early adulthood:

Marriages, Partnerships, Current Relationships, Living Situation

Marriages/significant partnerships: (past and present)

Children: (ages, significant concerns)

Psychiatric history of spouse and children:

Current living situation:

Other significant relationships:

Medical History

Height: _____ **Weight:** _____

Significant past illnesses:

Current illnesses: (any medications prescribed, when started)

Current physicians: (phone numbers, what they are treating you for)

Work History

Current and past employment: (any significant information)

Legal History

Legal problems, arrests, etc.:

Middle/Older Adulthood & Any Other Relevant Information

Significant happenings, both positive and negative; any trauma not covered elsewhere: