


*** REQUIRED INFORMATION**

NAME *

DATE OF BIRTH *

AGE *

MARITAL STATUS


Single	<input type="radio"/>	Married	<input type="radio"/>
Separated	<input type="radio"/>	Divorced	<input type="radio"/>
Widowed	<input type="radio"/>	Same Sex Partnership	<input type="radio"/>
Other	<input type="radio"/>		

GENDER

Male	<input type="radio"/>	Female	<input type="radio"/>
------	-----------------------	--------	-----------------------

ADDRESS *

PHONE NUMBER *

**SOCIAL SECURITY
NUMBER**

EMERGENCY CONTACT

PHONE NUMBER

Enter number here

Enter name here



+1 (phone number)

DOES ANYONE ELSE LIVE IN THE SAME HOME WITH YOU?

Yes



No



IN YOUR OWN WORDS, PLEASE TELL US A LITTLE ABOUT WHAT HAS BEEN GOING ON THAT YOU NEED HELP WITH. I'LL COVER THE DETAILS DURING OUR FACE TO FACE VISIT SO DON'T WORRY ABOUT PUTTING EVERYTHING DOWN OR FORGETTING SOMETHING. HOW LONG HAS IT BEEN GOING ON? DID SOMETHING CAUSE IT OR MAKE IT WORSE? HOW SEVERE IS IT? DOES ANYTHING HELP YOU FEEL BETTER? IF SO, WHAT? DO YOUR SYMPTOMS COME AND GO OR ARE THEY CONSTANT? PUT DOWN ANY OTHER INFORMATION THAT YOU THINK WILL HELP ME GET TO KNOW YOU BETTER.

Enter details here

PAST PSYCHIATRIC HISTORY

PLEASE LIST ANY OTHER PERSON WHO HAS BEEN PROVIDING OR HAS PROVIDED MENTAL HEALTH CARE FOR YOU AND WHEN YOU WERE UNDER THEIR CARE. THIS MAY BE ANOTHER PSYCHIATRIST, A PSYCHOLOGIST, SOCIAL WORKER, SCHOOL COUNSELOR, INDIVIDUAL THERAPIST, MARITAL THERAPIST, MINISTER, PRIEST OR PASTORAL COUNSELOR. YOU SHOULD INCLUDE ANYONE WHO HAS PRESCRIBED PSYCHIATRIC MEDICATION FOR YOU (PRIMARY CARE PROVIDER, OBGYN, FAMILY NURSE PRACTITIONER, OTHER HEALTH CARE PROVIDER).

PROVIDER

Enter provider here

WHEN SEEN

Enter date here




PROVIDER

WHEN SEEN

PROVIDER

Enter provider here


WHEN SEEN

Enter date here 

PROVIDER

Enter provider here

WHEN SEEN

Enter date here 

LIST ALL CURRENT MEDICATIONS, DOSAGE, INSTRUCTIONS, WHO PRESCRIBES THEM AND WHAT YOU TAKE THEM FOR:

MEDICATION/DOSE

Enter medication here

INSTRUCTIONS

Enter instructions here

CONDITION TREATED

Enter condition here

PRESCRIBE

Enter prescribe here

MEDICATION/DOSE

Enter medication here

INSTRUCTIONS

Enter instructions here

CONDITION TREATED

Enter condition here

PRESCRIBE

Enter prescribe here

MEDICATION/DOSE

Enter medication here

INSTRUCTIONS

Enter instructions here

CONDITION TREATED

Enter condition here

PRESCRIBE

Enter prescribe here

HAVE YOU EVER ATTEMPTED SUICIDE?

Yes No

HAVE YOU EVER BEEN PSYCHIATRICLY HOSPITALIZED?

Yes No

IF YOU HAVE BEEN ON OTHER PSYCHIATRIC MEDICATION IN THE PAST PLEASE LIST THEM HERE

Enter details here

ALCOHOL AND DRUG HISTORY

ALCOHOL USE

None Rarely Sometimes Often

IF YOU DRINK AT ALL, WHAT ALCOHOL CONTAINING BEVERAGE/S DO YOU USUALLY DRINK?

Enter details here

HOW LONG AGO WAS THE LAST TIME YOU HAD A DRINK?

Enter details here

HOW LONG AGO WAS THE LAST TIME YOU HAD A DRINK?

Enter details here

- I have tried to cut back on my drinking.
- I have become angered or annoyed by others criticizing my drinking.
- I feel guilty about my drinking.
- I have gotten up in the morning and had a drink to steady my nerves.

ALCOHOL

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

MARIJUANA

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

COCAINE

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

CRYSTAL METH

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

ICE

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

ADDERALL

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

VYVANSE

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

RITALIN

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

LSD

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

XTC/MOLLY

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

PEYOTE

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

KETAMINE

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

MUSHROOMS

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

XANAX

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

VALIUM

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

KLONOPIN

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

ATIVAN

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

DEXTROMETHORPHAN

AGE AT FIRST USE

Enter age here

HOW MUCH USED HOW OFTEN

Enter details here

LAST USED

Enter details here

STEROIDS

AGE AT FIRST USE

HOW MUCH USED HOW OFTEN

LAST USED

SPICE

AGE AT FIRST USE

HOW MUCH USED HOW OFTEN

LAST USED

BATH SALTS

AGE AT FIRST USE

HOW MUCH USED HOW OFTEN

LAST USED


ON AVERAGE HOW MUCH DO YOU SPEND PER WEEK ON ALCOHOL AND/OR DRUGS?

\$	<input type="text" value="Enter amount here"/>
----	--

PLEASE LIST PLACES WHERE YOU HAVE BEEN TREATED FOR ALCOHOL OR DRUG-RELATED PROBLEMS BELOW:

FACILITY


WHEN

FOR WHAT**TREATMENT**

Finished treatment Left early


FACILITY**WHEN**

Enter date here 

FOR WHAT**TREATMENT**

Finished treatment Left early

FACILITY**WHEN**

Enter date here 

FOR WHAT**TREATMENT**

Finished treatment Left early

HAVE YOU EVER PARTICIPATED IN 12-STEP RECOVERY (AA/NA)?

Yes No

DO YOU CURRENTLY PARTICIPATE IN 12-STEP RECOVERY?

Yes No

PAST MEDICAL HISTORY

LIST MEDICAL PROBLEMS BELOW

Enter list here

PAST SURGICAL HISTORY

LIST ALL SURGERIES BELOW

Enter list here

ALLERGIES

Enter details here

FAMILY HISTORY

PLEASE LIST RELATIVES WITH MENTAL ILLNESS, CHEMICAL DEPENDENCY OR COMPLETED SUICIDE HERE

Enter details here

PLEASE LIST RELATIVES WITH OTHER ILLNESSES HERE

Enter details here

PSYCHOSOCIAL HISTORY

WHERE WERE YOU BORN?

Enter details here

WHERE DID YOU GROW UP?

Enter details here

WHO RAISED YOU?

Enter details here

HOW MANY BROTHERS AND SISTERS DID YOU HAVE?

Enter details here

WHAT WAS YOUR CHILDHOOD LIKE?

Enter details here

DID ANYONE EVER PHYSICALLY ABUSE YOU?

Yes

No

DID ANYONE EVER EMOTIONALLY ABUSE YOU?

Yes

No

DID ANYONE EVER SEXUALLY ABUSE YOU?

Yes

No

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

Enter details here

ARE YOU EMPLOYED?

Yes

No

ARE YOU MEDICALLY DISABLED?

Yes

No

HOW MANY TIMES HAVE YOU BEEN MARRIED?

Enter details here

LIST ALL MARRIAGES, HOW LONG THEY LASTED AND IF THEY ENDED WHAT THE REASON WAS

Enter details here

HOW MANY CHILDREN DO YOU HAVE? PLEASE LIST ALL CHILDREN AND FROM WHAT RELATIONSHIP THEY ARE FROM

Enter details here

WHAT IS YOUR SEXUAL PREFERENCE?

Heterosexual



Bisexual



Homosexual



HOW MANY CHILDREN DO YOU HAVE? PLEASE LIST ALL CHILDREN AND FROM WHAT RELATIONSHIP THEY ARE FROM

Enter details here

ARE YOU CURRENTLY ON PROBATION?

Enter details here

ARE YOU CURRENTLY INVOLVED IN A LAWSUIT?

Yes



No



WHAT RELIGION ARE YOU?

Enter religion here

ARE THERE ANY OTHER THINGS THAT WOULD BE HELPFUL TO KNOW ABOUT YOU THAT WERE NOT COVERED ALREADY?

Enter details here