

**PATIENT BACKGROUND INFORMATION**

Does anyone else lives with you in your home currently? Please list.

Name	Relationship	Age	How long?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any known psychiatric or mental health and/or substance abuse concerns/problems in your family history (for example, depression—maternal grandmother; bipolar—dad; anxiety—both parents)? Please provide me with this basic history information below:

_____
_____
_____
_____

Check here if there is no known family history of mental health and/or substance abuse concerns/problems.

Please list any past or current significant health/medical issues, illnesses, or treatments?

_____
_____
_____
_____

Check here if there is no known history of significant health/medical issues, illnesses, or treatments.

**Please list any medications you take currently.**

Name of Medication?	Dosage?	How Long?	Reason?
(example: Zyrtec	50 mg.	2 years	seasonal allergies)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check here if you do not presently take any medications.

Have you experienced any of the following recently compared to what is normal for you?  
(Check if it applies and provide an estimate of how long you've been experiencing the symptom?)

\_\_\_ Appetite/Weight Changes.      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Not eating, binge eating or purging.      How long have you had this symptom? \_\_\_\_\_

\_\_\_ General Eating/Body Image Concerns.      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Memory Problems      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Concentration Problems      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Crying Episodes      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Increased Irritability      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Depressed Mood (feeling down/sad?)      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Social Withdrawal      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Changes in Energy Level      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Manic Episodes      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Panic Attacks      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Unusual Behaviors/Rituals/Habits      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Obsessive Thoughts      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Anxiety/Worry      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Cutting/Self-Injurious Behavior      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Alcohol/Drug Use/Abuse      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Thoughts of Harming Self      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Past Attempts at Self-Harm/Suicide      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Recent Losses      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Feeling excessively guilty      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Recurrent Thoughts of Death      How long have you had this symptom? \_\_\_\_\_

\_\_\_ Decreased Interest or Pleasure in Activities      How long? \_\_\_\_\_

\_\_\_ Sleep Problems (Can't Sleep, Oversleep, Interrupted Sleep)    How long? \_\_\_\_\_

\_\_\_ Decreased need for sleep (feeling rested w/ little to no sleep)    How long? \_\_\_\_\_

\_\_\_ Feelings of Worthlessness    How long have you had this symptom? \_\_\_\_\_

\_\_\_ Difficulty Making Decisions    How long have you had this symptom? \_\_\_\_\_

\_\_\_ Feeling Restless    How long have you had this symptom? \_\_\_\_\_

\_\_\_ Feeling Slowed Down    How long have you had this symptom? \_\_\_\_\_

\_\_\_ Racing Thoughts    How long have you had this symptom? \_\_\_\_\_

\_\_\_ Distractibility    How long have you had this symptom? \_\_\_\_\_

\_\_\_ More Talkative/Pressure to Keep Talking    How long have you had this symptom? \_\_\_\_\_

Any other symptoms that are bothering you that I have not asked about here?

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Please list any prior mental health treatment and/or hospitalizations?  
(please include approximate dates, location, provider, and reason)

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Check here if you have no prior mental health treatment history

Please indicate highest educational level attained:

- some high school coursework
- have a high school degree
- GED
- have some college coursework
- have a college degree
- some graduate work (e.g., Master's program, law program, etc).
- have an advanced graduate degree (e.g., M.A., Ph.D., J.D., M.D.)