



Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Self-Identity**

Race \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Religion \_\_\_\_\_ Language(s) \_\_\_\_\_  
Gender identity \_\_\_\_\_ Preferred pronouns \_\_\_\_\_  
Sexual orientation \_\_\_\_\_  
Other cultural influences \_\_\_\_\_

**Symptom Checklist**

Have any of the following symptoms bothered you recently (in the last 1-3 months)?

- Feeling nervous  Easily startled  Irritable/angry  Fatigue/no energy  Poor memory
- Can't concentrate  Restless/can't sit still  No motivation  Sleep too much  Loss of appetite
- Spending too much time alone  Impulsive  Sadness  Can't sleep  Lack of interest
- Don't want to leave the house  Talk too fast  Avoiding places or activities  Feeling guilty  Thoughts of dying
- Fearful  No need for sleep  Can't be in crowds  Feeling worthless  Nightmares
- Suspicious  Too much energy  Panic attacks  Feeling hopeless/helpless  People are out to get me
- People are watching me  Hearing things  Seeing things  Having special powers

**Current Concerns**

What brings you into counseling?



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How does this problem affect your day-to-day functioning?

How long have you experienced this problem?  Less than 30 days  1-6 months  1-5 years  5+ years

How would you like counseling to help you?



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**Social History**

Education

Employment

Military service



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**Family History**

What was your family like growing up?

Please list family member who had mental illness or developmental disabilities.

Who do you consider family now?



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**Physical Health and Medical Care**

When was your last physical exam? \_\_\_\_\_

Current medical conditions

Medications

Allergies



Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Mental Health and Psychiatric History**

Current mental health services

Previous mental health services

Have you ever tried to harm yourself or end your life? Have you been hospitalized for safety concerns?



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Have you experienced trauma or abuse in your life?

**Substance Abuse and Legal History**

Please describe current and past substance use, abuse, and/or recovery.

Current or past incarceration, parole, and/or probation



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Current or past involvement with Children & Youth Services

Current or past involvement in legal cases





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Please use this space to provide any additional information you think might be helpful.