

PLEASE COMPLETE THIS FORM & BRING IT WITH YOU TO YOUR APPOINTMENT

Name: _____ Age: _____ Birthdate: _____

Prefer to be called: _____ Preferred Pronouns: she/her, he/him, they/them

Address: _____

Phone number: _____

Insurance Company: _____ Insurance ID: _____

What is your understanding of why you are having an evaluation?

Social History

Describe your childhood, in a nutshell. Who raised you? Where did you live? How many brothers and sisters? What was your life like growing up?

Are you married or in a committed relationship now? Yes No For how long? _____

Do you have children? Yes No Children's ages: _____

Please rate the amount of social support from friends and family in your life right now:

1	2	3	4	5	6	7	8	9	10
Minimal			Moderate				Excellent		

Educational History

Highest year of school you completed (circle one):

1 2 3 4 5 6 7 8 9 10 11 12 Some college College Graduate School

Comments: _____

Work History

Current occupational status:

___ Full-time	___ Part-time	___ Retired	___ Disabled
___ Unemployed	___ Student	___ Other: _____	

Current occupation? _____

If not working, when & where were you last employed? _____

Longest held job: _____ # of Years: _____

Types of work you have done (e.g., *construction, sales, marketing, consulting, retail, restaurant work, etc.*): _____

Military History

Are you a veteran or service member? Yes No

Years served: _____

Branch of service (e.g., Army): _____

Legal History

Ever convicted of a felony? Yes No

Ever charged with driving under the influence (OUI, DUI, or DWI)? Yes No

Ever court mandated to get psychological treatment? Yes No

Are you currently involved in any legal actions? Yes No

Medical History

List any ongoing medical problems (e.g., high blood pressure, insomnia, headaches) here:

Any past substance abuse treatment? Yes No

How often do you drink alcohol? _____ How many drinks on average? _____

Do you smoke cigarettes or use tobacco? Yes No

Do you use marijuana or any other substances? Yes No

Mental Health History

Ever hospitalized for depression or other emotional problems? Yes No

Any past mental health treatment (individual or group therapy)? Yes No

Ever participate in case management services? Yes No

Past mental health diagnoses (if known):

List names of any other current mental health providers below: