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INITIAL ASSESSMENT

Name_____ Date_____

Identifying Information

Age_____ DOB_____ Sex: ☐ Male ☐ Female

Presenting Illness

What are the main problems that brought you to the doctor? _____
_____

Describe the main symptoms: _____
_____

When did the problems first begin? _____
_____

Describe any stress in your life that may have contributed to the problem: _____
_____

Please check the statement below that best describe the course of the problems since they began:

☐ The problems have stayed about the same since they started
☐ The problems have steadily worsened since they started
☐ The problems seem to come and go - At times I feel almost back to my usual self then the problems come back
☐ The problems have ups and downs but haven't gone away completely since they started

Have you had a past experience in which you had similar problems? If so, when?
_____

Were you treated for this problem? ☐ Yes ☐ No If yes, please describe the treatment you received:
_____

Please check any of the areas below which have been worsened due to your current problems:

☐ My school/work performance
☐ My relationship with my family
☐ My interest in keeping up my appearance
☐ My ability to control my temper
☐ My ability to carry out my usual leisure interests/hobbies
☐ My ability to plan for my future and set goals for myself
☐ My relationship with my friends
☐ My ability to manage my usual chores at home
☐ My ability to get along with my parents/children
☐ My ability to control my behavior.
☐ My relationship with employer or co-workers
☐ My relationship with legal authorities.

Are there any questions which you would like to discuss with the doctor/therapist?_____
_____

Medical History

Medications: Please list any medications you are taking (including over-the-counter)

Name	Dose (mg)	Times per day	When started (mo/yr)
1)_____	_____	_____	_____
2)_____	_____	_____	_____

3)_____ _____ _____ _____
4)_____ _____ _____ _____
5)_____ _____ _____ _____
Allergies to medication: (including type of reaction)_____

Past Mental Health History: Please list any previous psychiatrist, psychologist or therapist you have seen:

Name of person seen	Dates seen (mo/yr – mo/yr)	Medications	Hospitalized? (Yes/no, where)
1)_____	_____	_____	_____
2)_____	_____	_____	_____
3)_____	_____	_____	_____

Have you ever attempted suicide? ☐ Yes ☐ No If yes, please describe the nature of the event and the date(s) of occurrence. _____
_____

Medical History: Who is your primary care doctor? _____Date of your last physical: _____

Have you had any trouble with any of the following medical problems?
☐Heart disease ☐Diabetes ☐Kidney disease ☐Back Problems ☐Cancer ☐Thyroid
☐Lung disease ☐Seizures ☐Hypertension ☐ Liver disease ☐Chronic pain ☐Ulcers

Please list any other medical problems or surgeries you have had: _____

Has your family doctor or other doctor prescribed antidepressants, tranquilizers or sleep medication for you currently or in the past? ____ If so, what medication? _____

Women: Is there any possibility that you are pregnant or are you considering pregnancy? _____

Family History:
List any blood-relatives (parents, siblings, grandparents, aunts, uncles, cousins, etc.) who have any history of any emotional problems (depression, manic-depression, anxiety, schizophrenia, drug/alcohol abuse, suicide)

Relation	Dad's side of family	Mom's side of family	Problem (depression. alcoholism. etc,)	Hospitalized? (Yes/No)
I) _____	☐	☐	_____	_____
2) _____	☐	☐	_____	_____
3) _____	☐	☐	_____	_____

Substance Use:
Do you smoke? _____How much? _____For how many years? _____
Do you drink? _____How many days per month?_____How many drinks do you have in an average week? _____
Have you ever felt you were drinking too much?_____ Have you tried unsuccessfully to stop drinking?_____
Have you ever used any of the following? ☐marijuana ☐cocaine ☐crack ☐amphetamine ☐LSD ☐PCP ☐IV
Have you ever felt you had a problem with any of the above drugs? _____Tried unsuccessfully to stop? _____

Social History

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other
Describe your relationship with your spouse or significant other_____
Describe your childhood_____
Any abuse (emotional, physical, sexual)_____
Your current or highest education level_____Any problems in school?_____
List any current or past jobs_____
List any legal charges, probation or arrests _____

Developmental History
(for children and adolescent only)

Pregnancy and Delivery: The delivery was ☐ Normal Vaginal ☐ Caesarean ☐ Breech ☐ Forceps
List any complications with pregnancy or delivery _____
Was the pregnancy ☐ Full term ☐ Premature (# of weeks premature_____) ☐ Late (# of weeks late_____)
List age (in months) when achieved the following developmental milestones:
First word _____First walked alone _____ Bladder/bowel training complete _____
Please note any difficulties with bowel or bladder control _____

Family Background:
Describe how the child or teenager gets along with parents/caretakers: _____

Please list everyone who currently lives at home (current main residence):

Parent Name	Age	Relation		
_____	___	☐ Biological Father	☐ Step Father (since___/___)	☐ Adoptive Father (since___/___)
_____	___	☐ Biological Mother	☐ Step Mother (since___/___)	☐ Adoptive Mother (since___/__)

Sib Name	Age			
_____	___	☐ Biological sibling	☐ Half sibling	☐ Step sibling
_____	___	☐ Biological sibling	☐ Half sibling	☐ Step sibling
_____	___	☐ Biological sibling	☐ Half sibling	☐ Step sibling

Others	Age	
_____	___	Relation? _____

If biological parents are divorced, how long have they been divorced or separated? _____
Where does the other parent live? _____
How much time is spent with that parent? _____
List names and ages of everyone who lives in that parent's home _____
_____

Parental information

Parent	Occupation	Highest educational level	Where employed?
Father	_____	_____	_____
Mother	_____	_____	_____
Step Father	_____	_____	_____
Step Mother	_____	_____	_____

Education: Current grade _____ School Name _____
School performance:

Subject	Failing	Below Average	Average	Above Average
Math	☐	☐	☐	☐
Reading/English	☐	☐	☐	☐
Science	☐	☐	☐	☐

Describe any recent changes in school performance _____

Describe any academic or disciplinary problems at school _____

If any grades have been repeated, describe circumstances _____

List any extracurricular activities _____

Describe relationships with peers at school _____

Describe current or past dating relationships _____