	ROBI ns	LEMS		I	Ouration (months)			Ad	dition	al information:				
				<u>-</u>			<u> </u>	_					<u> </u>	
				_			_							
ne = This symptom	not p	resent at	this time •	Mild =		fe, but n	o signif	icant impai	rment o	of day-to-day functioning n quality of life and/or day-t	o-day fur	nctior	ning	
	None	Mild	Moderate	Severe		None	Mild	Moderate	Savara		None	Mild	Moderate	Savar
ressed mood		[]			bingeing/purging	[]	[]			guilt				[]
etite disturbance	[]	[]	[]	[]	laxative/diuretic abuse		[]	[]	[]	elevated mood			[]	[]
p disturbance	[]	[]	[]	[]	anorexia	[]	[]	[]	[]	hyperactivity			[]	[]
nination disturbance	[]	[]	[]	[]	paranoid ideation	[]	[]	[]	[]	dissociative states			[]	[]
gue/low energy	[]	[]	[]	[]	circumstantial sympto		[]	[]	[]	somatic complaints			[]	[]
chomotor retardation	[]	[]	[]	[]	loose associations	[]	[]	[]	[]	self-mutilation			[]	[]
r concentration	[]	[]	[]	[]	delusions	[]	[]	[]	[]	significant weight gain/loss			[]	[]
r grooming	[]	[]	[]	[]	hallucinations	[]	[]	[]	[]	concomitant medical condition			[]	[]
d swings	[]	[]	[]	[]	aggressive behaviors	[]	[]	[]	[]	emotional trauma victim			[]	[]
ation	[]	[]	[]	[]	conduct problems	[]	[]	[]	[]	physical trauma victim			[]	[]
tionality	[]	[]	[]	[]	oppositional behavior		[]	[]	[]	sexual trauma victim			[]	[]
ability	[]	[]	[]	[]	sexual dysfunction	[]	[]	[]	[]	emotional trauma perpetrator			[]	[]
eralized anxiety	[]	[]	[]	[]	grief	[]	[]	[]	[]	physical trauma perpetrator			[]	[]
ic attacks	[]	[]	[]	[]	hopelessness	[]	[]	[]	[]	sexual trauma perpetrator			[]	[]
bias	[]	[]	[]	[]	social isolation	[]	[]	[]	[]	substance abuse			[]	[]
essions/compulsions	[]	[]	[]	[]	worthlessness	[]	[]	[]	[]	other (specify)			[]	[]
MOTIONAL/PS														
[] Prior <u>out</u>							0				,			
Yes If yes, or	1	oco	asions. Lo	ongest tr				ses	ssions		/			
					Provid	ler Name	•			Month/Year N	Month/Ye	ear		
. .	wider	name	City		State Pho	ne	Г	Diagnosis		Intervention/Modality	Benefi	icial?)	
Drior pro	, v iucl	1141110	City		State FIIO	iic	L	ragii0818		men vention/iviouanty	Delicii	ciai!		
Prior pro									_					
Prior pro									_					
Prior pro														
	famil	v moml	var had a	ıtnotio-	t nevehothoron9	If wee	who/w	hy (list of	I.) ·					
Has any		-		-		-								
Has any Yes														
[]	oatien	t treatr	nent for a	psychia	atric, emotional, o	or subst	ance u	se disordo	er?					
Has any Yes Prior inp	oatien	t treatr	nent for a	psychia	ntric, emotional, o	or subst	ance u	se disordo	er?	_from/to	/			
[]	oatien	t treatr	nent for a	psychia	ntric, emotional, o	or subst	ance u	se disordo	er?	_ from/ to _				
Has any Yes Prior inp Yes If yes, or	oatien	t treatr	nent for a	psychia	ntric, emotional, of eatment at	or subst	ance u	se disordo	er?	_from/toto	// Month/Ye	ear		
Has any Yes	oatien	t treatr	nent for a	psychia	ntric, emotional, o	or subst	ance u	se disordo	er?	_from/to	/	ear		
Has any Yes Prior inp Yes If yes, or	oatien	t treatr	nent for a	psychia	ntric, emotional, of eatment at	or subst	ance u	se disordo	er?	_from/toto	// Month/Ye	ear		
Has any Yes Prior inp Yes If yes, or	oatien	t treatr	nent for a	psychia	ntric, emotional, of eatment at	or subst	ance u	se disordo	er?	_from/toto	// Month/Ye	ear		
Has any Yes Prior inp Yes If yes, or	natien	it treatr	ment for a casions. Lo	psychia ongest tr	ntric, emotional, of eatment at Name State Pho	of facili	ance u	se disordo	er? 	_from/toto	/_ Month/Ye Benefi	ear		
Has any Yes Prior inp Yes If yes, or Inpatient	patien t facili	it treatmocc	ment for a casions. Lo	n psychia ongest tr	ntric, emotional, of eatment at Name State Pho	or subst	ance u ty L - ctric, er	se disordo	er?	from/toto	/_ Month/Ye Benefi	ear		
Has any Yes [] Prior inp Yes If yes, or Inpatient	t facili	it treatr	ment for a casions. Lo	n psychia ongest tr	Atric, emotional, of eatment at	of facili ne	ance u ty L - ctric, er	se disordo	er?	from/toto	/_ Month/Ye Benefi	ear		
Has any Yes [] Prior inp Yes If yes, or Inpatient	famil	it treatr	ment for a casions. Lo	n psychia ongest tr	ntric, emotional, of eatment at Name State Photographic treatment for a part of the state of th	of facili ne osychia	ance u ty I tric, er	se disordo	er?	from/toto	/_ Month/Ye Benefi	ear	,	

atient name	Patient ID#	Patient SS#	Date _	Page
	ed psychotropic medications? If yes, who		all):	
AMILY HISTORY AMILY OF ORIGIN				
Present during childhood: Present entire part of childhood childhood childhood other ther [] [] [] epmother [] [] [] epfather [] [] [] ster(s) [] [] []	present [] separated for ye	r ars rs _ times times h someone someone years her's death years		experience: ronment
ge of emancipation from home:	Circumstances:			
IMEDIATE FAMILY Iarital status:] single, never married] engaged months] married for years] divorced for years] separated for years] divorce in process months] live-in for years] prior marriages (self)] prior marriages (partner)	Intimate relationship: [] never been in a serious relationship [] not currently in relationship [] currently in a serious relationship Relationship satisfaction: [] very satisfied with relationship [] satisfied with relationship [] somewhat satisfied with relationship [] dissatisfied with relationship [] very dissatisfied with relationship	List all pe Name	ersons currently living in pati	and as patient:
scribe any past or current signific	ant issues in <u>intimate</u> relationships:			
scribe any past or current signific	ant issues in other <u>immediate family</u> rel	ationships:		
EDICAL HISTORY (check all that a escribe current physical health:			tory of any of the following in	ı the family:
st name of primary care physician ame st name of psychiatrist: (if any):	: Phone	[] tuberculos [] birth defec [] emotional [] behavior p [] thyroid pro	ets [] high blood pr problems [] alcoholism problems [] drug abuse	essure
ist any medications currently being	Phone g taken (give dosage & reason):	[] cancer [] mental reta	[] Alzheimer's d	

Patient name	Patient ID#	Patient SS#	Date	Page
		Describe any s	erious hospitalization or accide	ents:
		Date		
List any known allergies:		Date	Age Reason	
		Date:	_ Age Reason	
List any abnormal lab test results:				
Date Result Date Result				
Jaie Resuit				
SUBSTANCE USE HISTORY (check all t	that apply for patient)			
Family alcohol/drug abuse history:	Substances used:		Current Use	
amily alcoholating abuse instory.	(complete all that apply)	First use age		ency Amount
[] father [] stepparent/live-in	alcohol			-
[] mother [] uncle(s)/aunt(s)	[] amphetamines/spee			<u> </u>
[] grandparent(s) [] spouse/significant other	er [] barbiturates/owners			
[] sibling(s) [] children	[] caffeine			
[] other	[] cocaine			
Substance was add	[] crack cocaine			
Substance use status:	[] hallucinogens (e.g.,			
[] no history of abuse	[] inhalants (e.g., glue [] marijuana or hashis			
active abuse	[] nicotine/cigarettes			
early full remission	PCP			
early partial remission	[] prescription			
sustained full remission	other			
] sustained partial remission				
Γreatment history:	Consequences of subs	tance abuse (check all	that apply):	
•	•	`	11 37	
outpatient (age[s])	[] hangovers [] w	ithdrawal symptoms	[] sleep disturbance [[] binges
[] inpatient (age[s])		edical conditions		[] job loss
] 12-step program (age[s])		lerance changes		arrests
stopped on own (age[s])			sed [] relationship conflicts	
other (age[s]	[] other			
describe:				
DEVELOPMENTAL HISTORY (check al	ll that apply for a child/adoles	scent patient)		
Problems during Birth:	Childhood h	ealth:		
mother's pregnancy: [] normal deliv	ery [] chickenpe	ox (age)	[] lead poising (age)
[] difficult deli	very [] German r	measles (age)	[] mumps (age)
] none [] cesarean deli	ivery [] red measl	les (age)	[] diphtheria (age)
] high blood pressure [] complication	ns [] rheumatio	e fever (age)	[] poliomyelitis (age	
] kidney infection	[] whooping	g cough (age)	[] pneumonia (age)
	lbsoz. [] scarlet fe		[] tuberculosis (age	
] emotional stress	[] autism	_	[] mental retardation	
] bleeding Infancy:	[] ear infect		[] asthma	
] alcohol use [] feeding prob				
] drug use [] sleep problem			0	
cigarette use [] toilet training [] other	g problems [] chronic, s	serious neaith problems	S	
				
Delayed developmental milestones (check on		havior problems (che	ck all that apply):	
those milestones that did not occur at expected	- ·	[] repeats wo	ords of others [] distrustful	
sitting [] controlling b	[] drug use powels [] alcohol abu			rrier
[] rolling over [] sleeping alor				
[] standing [] dressing self		[] indecisive		
walking [] engaging pee			easily distra	cted

Patient name	Patient ID#	Patient SS#	Date Page				
[] speaking words [] play [] speaking sentences [] ridin	rating separation ring cooperatively ng tricycle ng bicycle [] fire-setting [] hyperactive [] animal cruelty [] assaults other [] disobedient		[] poor concentration [] often sad [] breaks things [] other				
Social interaction (check all that app	ly): Intelled	ctual / academic functioning (che	ck all that apply):				
[] very shy [] ass	minates others [] high ociates with acting-out peers [] lear	mal intelligence [] authority of h intelligence [] attention pring problems [] underachied tor highest education level	oroblems [] moderate retardation eving [] severe retardation				
Describe any other developmental p	roblems or issues:						
SOCIO-ECONOMIC HISTORY							
Living situation:	Social support system:	Sexual history:					
[] housing adequate	[] supportive network		[] currently sexually dissatisfied				
[] homeless	[] few friends	= = -	age first sex experience				
[] housing overcrowded	[] substance-use-based friends		age first pregnancy/fatherhood				
[] dependent on others for housing	[] no friends	[] currently sexually active [] history of promiscuity age to					
[] housing dangerous/deteriorating	[] distant from family of origin	[] currently sexually satisfied [] history of unsafe sex age to Additional information:					
[] living companions dysfunctional	Military history:	Additional information:					
Employment:	never in military	Cultural/spiritual/recreational	history:				
[] employed and satisfied	[] served in military - no incident		religion):				
[] employed but dissatisfied	served in military - with incident	- · · · · · · · · · · · · · · · · · · ·	2 /				
[] unemployed			contribute to current problem:				
[] coworker conflicts			• —				
[] supervisor conflicts	Legal history:	currently active in community/re	creational activities? Yes [] No []				
[] unstable work history	[] no legal problems	formerly active in community/recreational activities? Yes [] No [] currently engage in hobbies? Yes [] No []					
[] disabled:	[] now on parole/probation						
	[] arrest(s) not substance-related	currently participate in spiritual a					
Financial situation:	[] arrest(s) substance-related	if answered "yes" to any of above	e, describe:				
[] no current financial problems	[] court ordered this treatment [] jail/prison time(s)	-					
[] large indebtedness							
[] poverty or below-poverty income [] impulsive spending	total time served:describe last legal difficulty:						
[] relationship conflicts over finance	· —						
[] relationship conflicts over finance	S	<u> </u>					
SOURCES OF DATA PROVIDED below):	D ABOVE: [] Patient self-report for all	ll [] A variety of sources (if so, c	heck appropriate sources				
Presenting Problems/Symptoms	Family History	Developmenta	l History				
[] patient self-report	[] patient self-report	[] patient self-	·				
[] patient's parent/guardian	[] patient's parent/guardian	[] patient's pa	rent/guardian				
[] other (specify)	[] other (specify)	[] other (speci	ify)				
Emotional/Psychiatric History	Medical/Substance Use Histo	ry Socioeconomic	e History				
[] patient self-report	[] patient self-report	[] patient self-					
[] patient's parent/guardian	[] patient's parent/guardian	[] patient's pa					
[] other (specify)	[] other (specify)	[] other (speci	шу)				