Family Psychological Services of Lakeland

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We at Family Psychological Services of Lakeland are looking forward to serving you. Our interest in asking you to complete these questions is to get to know you better as you are much more than the presenting problem. This information will help familiarize us with important aspects of your life.

NAME: ______________________________ APPOINTMENT DATE: ______________

DATE OF BIRTH: ______________________________ APPOINTMENT TIME: ______________

AGE: ______________________________ REFERRED BY: ______________

Please describe your biological FATHER: ______________________________

____

Age: ______________________ Education: ______________________

Residence (if living): ______________________________

Please describe your biological MOTHER: ______________________________

____

Age: ______________________ Education: ______________________

Residence (if living): ______________________________

Who raised you? __________ Mother __________ Father __________ Other

Did your parents ever divorce? ______________ If yes, how old were you? ______________

Where were you born? ______________________ Where raised? ______________________

Was there any alcohol/drug abuse or addiction in your home? Yes / No

Did you ever experience any childhood abuse? Yes / No

BROTHERS and SISTERS:

Name	Sex	Age	Residence

Please describe your current status: ______ Married ______ Divorced ______ Separated ______ Widowed
______ In a relationship (Duration________) ______ Not in a relationship

Spouse/significant other's current age: ______
Spouse/significant other's occupation: ______________________________

If married, length of your current/prior marriage(s): Current ______________ One Prior ______________
Two Prior ____________ Three Prior ____________ (Spouse ever married before? _______)

What do you like most about your spouse/significant other?____

____

What do you like least about your spouse/significant other? ____

____

What do you enjoy doing together? ____

____

YOUR CHILDREN:

<u>Name</u> <u>Sex</u> <u>Age</u> <u>Residence</u>

Number of grandchildren ______________

List Members of your current household

Name	Age	Relationship to you

Describe your interests, hobbies, recreational activities: ____

____

____

Describe any religious affiliation/belief:____

____

____

Describe your educational background: ____

____

Are you currently employed? ________ Employer:____

Job Title: ____

Describe your work duties: ____

Are you satisfied with your current job? ________ If not, why not? ______________________________

How much work have you missed in the past two months? ____

Have you ever been charged with a crime? _________ If yes, please describe: _________________________

Please describe any legal issues you may be involved in: ____

FAMILY HISTORY: Please list any family members who have ever been diagnosed or treated for the following conditions (including parents, grandparents, aunts, uncles, brothers/sisters, or children):

Depression ______________________________________ Suicide Attempt ______________________________________
Bipolar (Manic Depressive) ________________________ Alcohol/Drug Abuse ___________________________________
Schizophrenia ___________________________________ Dementia/Alzheimer's _________________________________
ADHD (Attention Deficit) __________________________ Other Mental Disorder _________________________________

Please **CHECK** any problems you are currently experiencing:

_____ Severe headaches
_____ Lightheadedness
_____ Fainting spells
_____ Anxiety attacks
_____ Nausea or vomiting
_____ Hyperventilating
_____ Heart pounding/racing
_____ Sweating excessively
_____ Numbness/tingling
_____ Startle more easily
_____ Depressed mood/sadness
_____ Difficulty making decisions
_____ Forgetful/memory problems
_____ Nightmares
_____ Victim of rape/abuse

_____ Crying spells
_____ Feeling hopeless
_____ Weight loss/gain
_____ Suicidal thoughts
_____ Suicide attempt(s)
_____ Feeling ugly
_____ Feeling guilty
_____ Loss of interest in things
_____ Low energy/fatigue
_____ Irritability
_____Restlessness
_____ Sleep difficulty
_____ Sexual difficulties
_____ Distractibility
_____ Mood swings

_____ Obsessive thoughts
_____ Repetitive behaviors
_____ Perfectionism
_____ Jealousy
_____ Trouble trusting
_____ Trouble showing affection
_____ Wanting to harm others
_____ Seeing frightening things
_____ Hearing voices in head
_____ Seizures or spells
_____ Racing thoughts
_____ Impulsivity
_____ Erratic behavior
_____ Spending sprees
___Periods of time you can't account for

Please list any stressors or other factors you feel may be contributing to your current difficulties: ________________
____
____

Please list all prior outpatient mental health treatment (therapy/counseling, substance abuse treatment). Provide approximate dates:____
____
____

Please list any prior psychiatric hospitalizations (including substance abuse and/or mental health). Provide approximate dates:____
____
____

Have you ever been treated with any of these modalities (Yes/No)?

Antidepressants ________________ Anti-anxiety agents ________________ Sleeping pills ________________
Antipsychotic/Tranquilizers ______ Mood Stabilizers _________________ ADHD Meds _________________
Other _________________________ ECT (Electroconvulsive Therapy) _____________________________________

MEDICAL HISTORY

Overall self-rating of your physical health (Circle one): Excellent Fair Poor

List any diagnosed medical illnesses. Also list any prior surgeries: ____
____
____

List **ALL** medications you currently take:

Medication	Dose	Frequency Taken	Prescribing MD

How much do you smoke?

How much do you drink? (Amount/Frequency)

Have you ever abused alcohol?

Have you ever abused drugs (Prescription or street)?

Have you recently used any recreational drugs?

____
Signature of the person completing the form (If you are not the patient, please describe your relationship to the patient)

If there is anything further you feel is important for Family Psychological Services of Lakeland to know, please describe below:

____

____

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____