

Current Medical and Emotional Status And Psychiatric History

Name: _____ Date: _____

MEDICAL STATUS

Do you have any physical disabilities?

Do you have a history of any of the following? (Circle any that apply)

Heart disease Hypertension Diabetes Cancer Epilepsy Ulcers Tuberculosis
Hormone dysfunction Allergies Headaches Dizziness Fainting spells Fatigue
Palpitations Stomach trouble No appetite Bowel disturbances Depressed
Use sedatives Alcoholism Drug use Feel tense Feel panic Tremors
Unable to relax Sexual problems Shy with people Can't make friends Feel lonely
Can't make decisions Unable to have a good time Do not like weekends or vacations
Overly ambitious Can't keep a job Feelings of inferiority Home environment bad
Financial problems Trouble with the law Other _____

Do you have a history of drug use?

How much alcohol do you drink?

Do you have any problems sleeping?

Are you having any recurring nightmares or disturbances?

Are you presently taking any kind of medication (prescription and OTC) for medical or psychological reasons? (Please list purpose, dose, length of time on meds., side effects)

When was your last physical?

Who is your physician and/or psychiatrist?

What is your present weight and height? Has your weight changed over the past year?

Describe your eating habits (i.e. junk food, health food, sugar intake, caffeine, skip meals).

When was the last time you felt well, both physically and emotionally, for a fair amount of time?

EMOTIONAL STATUS

With which of the following emotions have you experienced difficulty? (Circle all that apply).

NOTE: Although similar information is requested in the Confidential Personal History Questionnaire, please also respond to this question.

Frustration Anger Anxiety Loneliness Worthlessness Depression
Hatred Sadness Bitterness Fear of death Fear of losing my mind
Fear of committing suicide Fear of people Fear of hurting loved ones
Fear of the dark Guilt Shame Grief Other(s) _____

Which of the following best describes your expression of emotion (either positive or negative)?

- Readily express them
- Express some of my emotions, but not all
- Readily acknowledge their presence, and reserved in expressing them
- Tendency to suppress my emotions
- Find it safest not to express how I feel
- Tendency to disregard how I feel, since I cannot trust my feelings
- Consciously or subconsciously deny them, because it is too painful otherwise

PSYCHIATRIC HISTORY

Have you had any previous treatment for psychological or emotional problems? If yes, please describe. (*Note: This includes any prior counseling*)

Have you had any previous hospitalizations for psychological or emotional problems? If yes, please describe.

What is your current emotional/mental status?

Are you having any current suicidal thoughts or plans?

Have you had any past problems or hospitalizations for suicidal attempts? If yes, please describe.

Are you having any current homicidal or harmful thoughts or feelings, or any anger-control problems? If yes, please describe.

Is there any mental or emotional illness or addictions in your family line? If yes, please describe.