Inspire Therapeutic Services, LLC

Name: _____

List **all** medications you are now taking – prescription and nonprescription (such as aspirin, supplements, etc.)

Medication	Dosage (amount & times per day)	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe typical use of alcohol (amount, frequency): _____

_____

Do you or anyone else believe that your drinking is a problem? _____

Please describe typical exercise (type, amount, frequency): _____

_____

What are your hobbies? _____

_____

Family History

Please indicate any psychological or medical difficulties experienced by other members of your family:

Father: _____

Mother: _____

Sisters: _____

Brothers: _____

Aunts/Uncles: _____

Grandparents: _____

Children: _____

Current Symptoms

Please circle any of the following areas in which you are having difficulty:

Nervousness	Shyness	Weight Change	Drug Use	Communication
Anger	Inferiority	Sleep	Can't Relax	Motivation
Legal Matters	Energy	Loneliness	Lack of Interest	Fainting
Education	Dizziness	Hyperventilation	Bowel Troubles	Restlessness
Irritability	Isolations	Appetite Change	Depression	Hopelessness
Sexual Problems	Boredom	Alcohol Use	Fatigue	Impatience
Self-Control	Stress	Hearing Voices	Headaches	Overwhelmed
Memory	Pain	Self Esteem	Identity	Marriage
Career Choices	Hair Pulling	Panic	Crying	Concentration
Shaky	Being a Parent	Paranoia	Eating Problems	Racing Heart
Fears	Suicidal Thoughts	Finances	Mood Swings	Health Problems
Friends	Can't Have Fun	Nausea	Palpitations	Avoid People
Perspiring	Dating Problems	Assertiveness	Work	Compulsive Habits
Making Decisions	Perfectionism	Guilt	Stomach Problems	Other: _____
Violence	Skin Picking	Family	Repetitive Thoughts	_____

Briefly describe your reasons for seeking therapy: _____

_____

_____

History

Have you ever seen a mental health provider such as, psychologist, psychiatrist or therapist before?

Dates	**Names**	**Reasons**	**Outcome**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any major changes in your life in the past two years: _____

_____

When did you last feel well? _____

Please add any additional information you feel would be useful:_____

_____

_____