

Briefly describe why you are here: _____

Is the problem: mild moderate severe

Does the problem affect: Work Relationships Health

Have there been recent changes in: Weight +/- _____ lbs. Appetite +/- Sleep +/-

Anxiety: mild moderate severe **Depression:** mild moderate severe

PLEASE IDENTIFY THE PROBLEMS:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> energy | <input type="checkbox"/> making decisions | <input type="checkbox"/> certain thoughts | <input type="checkbox"/> hallucinations |
| <input type="checkbox"/> lack joy | <input type="checkbox"/> guilt | <input type="checkbox"/> loneliness | <input type="checkbox"/> stepfamily |
| <input type="checkbox"/> memory | <input type="checkbox"/> mood swings | <input type="checkbox"/> motivation | <input type="checkbox"/> drugs |
| <input type="checkbox"/> withdrawal | <input type="checkbox"/> panic attacks | <input type="checkbox"/> separation | <input type="checkbox"/> divorce |
| <input type="checkbox"/> sadness | <input type="checkbox"/> fears/phobias | <input type="checkbox"/> shyness | <input type="checkbox"/> marriage |
| <input type="checkbox"/> crying spells | <input type="checkbox"/> excessive worry | <input type="checkbox"/> grief | <input type="checkbox"/> parenting |
| <input type="checkbox"/> concentration | <input type="checkbox"/> nightmares | <input type="checkbox"/> headaches | <input type="checkbox"/> career issues |
| <input type="checkbox"/> low self-esteem | <input type="checkbox"/> self-control | <input type="checkbox"/> stomach/bowel | <input type="checkbox"/> sexual |
| <input type="checkbox"/> irritability | <input type="checkbox"/> relaxation | <input type="checkbox"/> sleep difficulties | <input type="checkbox"/> appetite |
| | | | <input type="checkbox"/> legal issues |

PLEASE RESPOND TO THE FOLLOWING:

How much and how often do you drink alcohol? _____

Do you use street drugs? _____

Do you ever think of harming yourself or others? Yes- self, others, No

Have you ever acted on these thoughts? Yes No

Explain _____

Is there any history of childhood abuse? Verbal Emotional Physical Sexual

PLEASE IDENTIFY THE CURRENT STRESSORS IN YOUR LIFE:

Problems with your primary support group. *example:* disruption in family by separation or divorce, health problems or loss of a family member, emotional, physical or sexual abuse.

EXPLAIN: _____

Problems related to the social environment. *example* Death or loss of a friend, inadequate social support, living alone, discrimination, adjustment to life-cycle transition (e.g., retirement).

Occupational or Educational problems. *example* Unemployment, threat of job loss, stressful work schedule, difficult work conditions, job dissatisfaction, job change, discord with boss or coworkers, illiteracy, academic problems, discord with teachers/professors or classmates.

Financial problems.

Housing problems. *example* housing, unsafe neighborhood, discord with neighbors or landlord

Problems with access to health care services. *example* Inadequate health care services, inadequate health insurance.

Interaction with legal system/crime. *example* Victim of crime, litigation, arrest or incarceration

Other: *example* exposure to disaster, conflict with non-family caregivers.

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING AND FAMILY MEMBERS WITH EMOTIONAL OR PSYCHIATRIC PROBLEMS:

NAME	RELATION	AGE	MEDICAL/PSYCHIATRIC

PLEASE PROVIDE INFORMATION ON PREVIOUS TREATMENT THAT YOU HAVE RECEIVED. Include hospitalizations and counseling. Provide prescription information as well as the names of therapists or doctors and dates, if possible

I _____

authorize Lisa A. Smith ,2180 N. Park Ave., Winter Park, Fl. 32789, 407-629-6448 to disclose

to _____

. I understand that my records are protected under Federal (42CFR Part 2) and/or State Confidentiality Regulations. This authorization may be withdrawn at any time in writing except to the extent that the program or person which is to make this disclosure has acted in reliance on it. Upon revocation of authorization, further release of information shall cease immediately. File copy is considered equivalent to the original. I hereby release Lisa Smith from any and all liability arising there from. I have read and received a copy of this release. I consent of my own free will.

Signature date