

CLIENT NAME: (FIRST, MIDDLE	INITIAL, LAST):	GENDER:		
		ETHNICITY:		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	CLIENT CONTACT NUMBER:		
CLIENT ADDRESS:		CITY/STATE/ZIP:		
AUTHORIZED REPRESENTATIVI	E (AR) NAME AND ADDRESS:	AR CONTACT NUMBER:		
In Case of Emergency:		Contact Number:		
Insurance information:				

# CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms currently present)

None • This symptom not present at this time • Mild • Impacts quality of life, but no significant impairment of day-to-day functioning

Moderate • Significant impact on quality of life and/or day-to-day functioning • Severe • Profound impact on quality of life and/or day-to-day functioning

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe		None	Mild I	Moderate	Severe
depressed mood	[]	[]	[]	[]	bingeing/purging	[]	[]	[]	[]	guilt	[]	[]	[]	[]
appetite disturbance	[]	[]	[]	[]	laxative/diuretic abuse	[]	[]	[]	[]	elevated mood	[]	[]	[]	[]
sleep disturbance	[]	[]	[]	[]	anorexia	[]	[]	[]	[]	hyperactivity	[]	[]	[]	[]
elimination disturbance	[]	[]	[]	[]	paranoid ideation	[]	[]	[]	[]	dissociative states	[]	[]	[]	[]
fatigue/low energy	[]	[]	[]	[]	circumstantial sympton	ns[]	[]	[]	[]	somatic complaints	[]	[]	[]	[]
psychomotor retardation	[]	[]	[]	[]	loose associations	[]	[]	[]	[]	self-mutilation	[]	[]	[]	[]
poor concentration	[]	[]	[]	[]	delusions	[]	[]	[]	[]	significant weight gain/loss	[]	[]	[]	[]
poor grooming	[]	[]	[]	[]	hallucinations	[]	[]	[]	[]	on-going medical condition	[]	[]	[]	[]
mood swings	[]	[]	[]	[]	aggressive behaviors	[]	[]	[]	[]	emotional trauma victim	[]	[]	[]	[]
agitation	[]	[]	[]	[]	conduct problems	[]	[]	[]	[]	physical trauma victim	[]	[]	[]	[]
emotionality	[]	[]	[]	[]	oppositional behavior	[]	[]	[]	[]	sexual trauma victim	[]	[]	[]	[]
irritability	[]	[]	[]	[]	sexual dysfunction	[]	[]	[]	[]	emotional trauma perpetrato	r []	[]	[]	[]
generalized anxiety	[]	[]	[]	[]	grief	[]	[]	[]	[]	physical trauma perpetrator	[]	[]	[]	[]
panic attacks	[]	[]	[]	[]	hopelessness	[]	[]	[]	[]	sexual trauma perpetrator	[]	[]	[]	[]
phobias	[]	[]	[]	[]	social isolation	[]	[]	[]	[]	substance abuse	[]	[]	[]	[]
obsessions/compulsions	[]	[]	[]	[]	worthlessness	[]	[]	[]	[]	other (specify)	[]	[]	[]	[]

# EMOTIONAL/BEHAVIOR PROBLEMS (CHECK ALL THAT APPLY):

[] drug use	[] repeats words of others	[ ] distrustful
[] alcohol abuse	[ ] not trustworthy	[ ] extreme worrier
[] chronic lying	<ul> <li>hostile/angry mood</li> </ul>	[ ] self-injurious acts
[] stealing	[ ] indecisive	[ ] impulsive
[ ] violent temper	[] immature	[ ] easily distracted
[ ] fire-setting	[ ] bizarre behavior	[ ] poor concentration
[ ] hyperactive	[] self-injurious threats	[ ] often sad
[ ] animal cruelty	[ ] frequently tearful	[ ] breaks things
[ ] assaults others	[ ] frequently daydreams	[ ] other
[] disobedient	[ ] lack of attachment	

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#### SOCIAL INTERACTION (CHECK ALL THAT APPLY):

- ] normal social interaction [] inappropriate sex play
- ] isolates self

] alienates self

] very shy

[] Inappropriate sex play
[] dominates others
[] associates with acting-out peers
[] other

### INTELLECTUAL/ACADEMIC FUNCTIONING:

- [] normal intelligence
- ] high intelligence ] learning problems
- [ ] authority conflicts[ ] attention problems[ ] underachieving
- [] mild retardation
- [] moderate retardation
- [] severe retardation

Current or highest education level completed:

#### SOCIAL/FAMILY SUPPORT SYSTEM:

- [] supportive network
- ] few friends
- ] substance-use-based friends
- [] no friends
- [] distant from family of origin

# PRESENT DURING CHILDHOOD:

	Present	Present	Not
	entire	part of	present
	childhood	childhood	at all
mother	[]	[]	[]
father	[]	[]	[]
stepmother	[]	[]	[]
stepfather	[]	[]	[]
siblings(s)	[]	[]	[]
other (specify)	[]	[]	[]

## FAMILY MH/SA HISTORY:

## MARITAL STATUS (PAST AND PRESENT): Spouse Name:

#### HOUSING ARRANGEMENT:

- [] housing adequate
- [] homeless
- [] housing overcrowded
- [] dependent on others for housing
- ] housing dangerous/deteriorating
- ] living companions dysfunctional

## ABILITY TO ACCESS SERVICES:

2: Visions Soulutions Counseling Services

# PARENTS' CURRENT MARITAL STATUS:

- [] married to each other
- [ ] father married to someone else
- [] mother married to someone else
- [] single
- [] mother deceased for \_\_\_\_\_ years age of client at mother's death
- [ ] father deceased for \_\_\_\_\_years age of patient at father's death \_\_\_\_
- [] other (specify):

## **CHILDHOOD EXPERIENCE:**

- [ ] outstanding home environment
- [] normal home environment
- [] chaotic home environment
- [] witnessed physical/verbal/sexual abuse towards others
- [] experienced physical/verbal/sexual abuse from others
- [] other (specify): \_



#### FINANCIAL RESOURCES AND BENEFITS:

] no current financial problems

- [] large indebtedness
- ] poverty or below-poverty income
- [] impulsive spending
- [] relationship conflicts over finances
- ] receives TANF
- ] receives food stamps
- [ ] other:\_\_\_

#### PREVIOUS AND CURRENT EMPLOYMENT STATUS:

- ] employed and satisfied
- ] employed but dissatisfied
- [] unemployed
- ] receives SSI/SSDI
- [] previously employed

## DAILY LIVING SKILLS:

### STRENGTHS (BOLD/UNDERLINE):

Accepts Guidance/Feedback, Capable of Independence, Clear Thinking, Confident, Expressive/Articulate, Good Personal Care Habits, Insightful, Integrated Moral Values, Intelligent, Motivated for Change, Physically Healthy, Positive Support Network, Reasonable Judgment, Reliable, Responsible, Sociable, Stable Living Environment, Stable Work History, Supportive Family

#### AREAS FOR IMPROVEMENT(BOLD/UNDERLINE):

Chaotic Living, Concrete Thinking, Defensive, Dependent, Distrustful, Hostile, Illiterate, Impulsive, Indecisive, Intellectual Deficits, Irresponsible, Lacks Insight, Lacks Moral/Ethical Values, Lacks Social Skills, Needs Close Supervision, Negative Peer Group, No Support Network, Non-Supportive Family, Not Motivated to Change, Not Open/Articulate, Poor Health, Poor Hygiene/Grooming, Poor Judgment, Unreliable, Unstable Employment History, Very Narrow Interests

### MEDICAL HISTORY AND CURRENT MEDICAL CARE NEEDS:



DEVELOPMENTAL HIST	FORY:						
[ ] Within Normal Limits [ ] Delayed [ ] Advanced							
Problems during	Birth:	Childhood health:					
mother's pregnancy:	[] normal delivery	[ ] chickenpox (age	) [ ] lead poising	(age)			
[] none	[ ] difficult delivery	[ ] German measles (age _	) [ ] mumps (age	] mumps (age)			
[] bleeding [] cesarean delivery		[] red measles (age	) [ ] diphtheria (a	] diphtheria (age)			
[] high blood pressure	[] complications			] poliomyelitis (age)			
<ul><li>[ ] kidney infection</li><li>[ ] German measles</li></ul>	birth weightlbsoz	[] whooping cough (age _	) [] pneumonia	[ ] pneumonia (age) [ ] tuberculosis (age)			
[] emotional stress	birth weightlbs02	[] autism	) [] tuberculosis [] mental retai				
[] alcohol use	Infancy:	[] ear infections	[] asthma				
[] drug use	[ ] feeding problems						
[] cigarette use							
[ ] other:	[] toilet training problems	[] chronic, serious health	problems				
HISTORY OF TRAUMA:							
Rape	Assault	Kidnapped	Held Hostage	Robbery			
Prison/Jail	War/Combat	Car jack	Bereavement	Abuse			
Witness of Viole			Witness Domestic Violence				
Death of a Signif	ficant Other	Other:	Other:				
COMMENTS:							
SIGNATURE OF CLIENT	:		DATE:				
SIGNATURE OF AUTHO	DRIZED REPRESENTATIVE (IF A	PPLICABLE):	DATE:				