

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	 hostile/angry mood 	[] 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:

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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)			
[] kidney infection[] German measles	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:				