



TAKE MASTERY OF YOUR LIFE

CLIENT NAME: (FIRST, MIDDLE INITIAL, LAST):		GENDER:
		ETHNICITY:
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	CLIENT CONTACT NUMBER:
CLIENT ADDRESS:		CITY/STATE/ZIP:
AUTHORIZED REPRESENTATIVE (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	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 symptoms	[ ]	[ ]	[ ]	[ ]	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 perpetrator	[ ]	[ ]	[ ]	[ ]
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):**

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



**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 HISTORY:**

- Within Normal Limits
- Delayed
- Advanced

**Problems during**

**mother's pregnancy:**

- none
- bleeding
- high blood pressure
- kidney infection
- German measles
- emotional stress
- alcohol use
- drug use
- cigarette use
- other: \_\_\_\_\_

**Birth:**

- normal delivery
- difficult delivery
- cesarean delivery
- complications \_\_\_\_\_
- birth weight \_\_\_\_\_ lbs \_\_\_\_ oz.

**Infancy:**

- feeding problems
- sleep problems
- toilet training problems

**Childhood health:**

- chickenpox (age \_\_\_\_\_)
- German measles (age \_\_\_\_\_)
- red measles (age \_\_\_\_\_)
- rheumatic fever (age \_\_\_\_\_)
- whooping cough (age \_\_\_\_\_)
- scarlet fever (age \_\_\_\_\_)
- autism
- ear infections
- allergies to \_\_\_\_\_
- significant injuries \_\_\_\_\_
- chronic, serious health problems \_\_\_\_\_
- lead poisoning (age \_\_\_\_\_)
- mumps (age \_\_\_\_\_)
- diphtheria (age \_\_\_\_\_)
- poliomyelitis (age \_\_\_\_\_)
- pneumonia (age \_\_\_\_\_)
- tuberculosis (age \_\_\_\_\_)
- mental retardation
- asthma

**HISTORY OF TRAUMA:**

<input type="checkbox"/> Rape	<input type="checkbox"/> Assault	<input type="checkbox"/> Kidnapped	<input type="checkbox"/> Held Hostage	<input type="checkbox"/> Robbery
<input type="checkbox"/> Prison/Jail	<input type="checkbox"/> War/Combat	<input type="checkbox"/> Car jack	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Abuse
<input type="checkbox"/> Witness of Violent Crime		<input type="checkbox"/> Witness Domestic Violence		
<input type="checkbox"/> Death of a Significant Other		<input type="checkbox"/> Other: _____		

**COMMENTS:**

**SIGNATURE OF CLIENT:**

**DATE:**

**SIGNATURE OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE):**

**DATE:**