

Current Medical and Emotional Status And Psychiatric History

Name: _____ Date: _____

MEDICAL STATUS

Do you have any physical disabilities?

Do you have a history of any of the following? (Circle any that apply)

Heart Disease	Hypertension	Diabetes	Cancer	Epilepsy	Ulcers
Tuberculosis	Hormone Dysfunction	Allergies	Headaches	Dizziness	Fainting Spells
Fatigue	Palpitations	Stomach Trouble	No Appetite	Bowel Disturbances	Depressed
Use Sedatives	Alcoholism	Drug Use	Feel Tense	Feel Panic	Tremors
Unable to Relax	Sexual Problems	Shy with People	Can't Make Friends	Feel Lonely	Can't Make Decisions
Unable to Have a Good Time	Do Not Like Weekends or Vacations	Overly Ambitious	Can't Keep a Job	Feelings of Inferiority	Home Environment Bad
Financial Problems	Trouble with the Law	Other _____	_____	_____	_____

Do you have a history of drug use?

How much alcohol do you drink?

Do you have any problems sleeping?

Are you having any recurring nightmares or disturbances?

Are you presently taking any kind of medication (prescription and OTC) for medical or psychological reasons? (Please list purpose, dose, length of time on meds., side effects)

When was your last physical?

Who is your physician and/or psychiatrist?

What is your present weight and height? Has your weight changed over the past year?

Describe your eating habits (i.e. junk food, health food, sugar intake, caffeine, skip meals).

When was the last time you felt well, both physically and emotionally, for a fair amount of time?

EMOTIONAL STATUS

With which of the following emotions have you experienced difficulty? (Circle all that apply). NOTE: Although similar information is requested in the Confidential Personal History Questionnaire, please also respond to this question.

- | | | | |
|----------------|----------------------------|------------------------|----------------------------|
| Frustration | Anger | Anxiety | Loneliness |
| Worthlessness | Depression | Hatred | Sadness |
| Bitterness | Fear of Death | Fear of Losing My Mind | Fear of Committing Suicide |
| Fear of People | Fear of Hurting Loved Ones | Fear of the Dark | Guilt |
| Shame | Grief | Other _____ | _____ |

Which of the following best describes your expression of emotion (either positive or negative)?

- Readily express them
- Express some of my emotions, but not all
- Readily acknowledge their presence, and reserved in expressing them
- Tendency to suppress my emotions
- Find it safest not to express how I feel
- Tendency to disregard how I feel, since I cannot trust my feelings
- Consciously or subconsciously deny them, because it is too painful otherwise

PSYCHIATRIC HISTORY

Have you had any previous treatment for psychological or emotional problems? If yes, please describe.

(Note: This includes any prior counseling)

Have you had any previous hospitalizations for psychological or emotional problems? If yes, please describe.

What is your current emotional/mental status?

Are you having any current suicidal thoughts or plans?

Have you had any past problems or hospitalizations for suicidal attempts? If yes, please describe.

Are you having any current homicidal or harmful thoughts or feelings, or any anger-control problems? If yes, please describe.

Is there any mental or emotional illness or addictions in your family line? If yes, please describe.