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PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT (ADULT)

Client Name

This questionnaire is for the purpose of getting to know you better in order to provide the best possible mental health services. Please complete this form as honestly and completely as possible. All information that you provide me will be confidential as required by state and federal law.

Date: _____ **Social Security Number :** _____ - _____ - _____

Date of Birth: ____/____/____ **Age:** _____

Home Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Mobile Phone:** _____

Marital Status: Single Married Re-married Married Divorced Separated
 Widowed Cohabiting

If applicable, please complete the following:

Partner's Name: _____ **Partner's Age:** _____

Partner's Occupation: _____

In your own words, describe the current problems as you see them: _____

How long has this been going on? _____

What made you come in at this time? _____

What do you hope to gain from this evaluation and/or counseling? _____

If you had difficulties in the past, what have you done to cope? Was it helpful? _____

Have you seen a counselor, psychologist, psychiatrist or other mental health professional before? No Yes If so:

Name of therapist: _____ Dates: _____
Reason for seeking help: _____

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Have you had symptoms or experiences problems with:

- Self-mutilation/cutting. If so, how recent? _____
- Ever attempted suicide If so, how recent? _____
- Hospitalized for psychiatric reasons? _____

Are you **CURRENTLY** taking medication? No Yes If YES, please list ALL:

Medication	Dosage	How long have you taken it?	Helpful?

SOCIAL HISTORY

Education

Highest-grade level completed: _____ Degree obtained, if applicable: _____

Did you have any disciplinary problems in school? No Yes If so, please describe:

Were you considered hyperactive/ADHD in school? No Yes If so, medications?

Did you have any other learning challenges? No Yes If so, If yes, please describe:

What kinds of grades did you get in school? _____

Employment

Are you currently employed?

If yes, employer's name: _____

What type of work do you do? _____

Employment History (most recent first)

Type of Job	Dates	Reason for Leaving

Personal

Is religious affiliation important? No Yes If so, what is the affiliation? _____

What kind of social activities do you participate in? _____

Who do you turn to for help with your problems? _____

Have you ever been abused? No Yes If yes, please mark:

Verbally Emotionally Physically Sexually Neglected

Please describe _____

Have you ever been arrested? No Yes If so, describe:

FAMILY HISTORY

IF YOU HAVE CHILDREN PLEASE LIST THEIR NAMES AND AGES:

#	Name	Sex	Age	#	Name	Sex	Age
1				4			
2				5			
3				6			

WHO CURRENTLY LIVES IN YOUR RESIDENCE (adults and children):

#	Name	Relation	Sex	Age	#	Name	Relation	Sex	Age
1					4				
2					5				
3					6				

Please place a check mark in the appropriate box if these are or have been present in your relatives

	Children	Brothers	Sisters	Father	Mother	Uncle/Aunt	Grandparents
Depression							
Anxiety/OCD							
Hyperactivity							
Autism/Aspergers/ Developmental disorder							
PTSD (war, violent crime, etc.)							
Psychiatric Medication							
Psychiatric Hospitalization							
Suicide Attempt							
Death by Suicide							
Drinking Problem							

Father: Age: _____ Living Deceased Cause of death: _____

If deceased, HIS age at time of his death _____ Occupation: _____

YOUR age at time of his death: _____ Are you/were you close to him? No Yes

Frequency of contact with him: _____

Mother: Age: _____ Living Deceased Cause of death: _____

If deceased, HER age at time of his death _____ Occupation: _____

YOUR age at time of her death: _____ Are you/were you close to her? No Yes

Frequency of contact with her: _____

SUBSTANCE ABUSE

Alcohol

Do you drink alcohol? No Yes If yes, #/day _____, # days/week _____

Have you ever passed out from drinking? No Yes

Have you ever blacked out from drinking? No Yes

Have you ever had the “shakes”? No Yes

Have you ever felt you should cut down on your drinking/drug use? No Yes

Have people annoyed you by criticizing your drinking/drug use? No Yes

Have you ever felt bad or guilty about your drinking/drug use? No Yes

Have you ever drank/used drugs in the morning to steady your nerves or relieve a hangover? Do you use tobacco? No Yes

Other Drugs: Please indicate for each drug listed below

Drug	Ever Used?	Age at 1st use	Time Since Last Use	Approx use in last 30 days
Marijuana				
Cocaine				
Crack				
Heroin				
Methamphetamine				
Ecstasy				

Is there anything else you would like us to know about you?

The Holmes-Rahe Scale

Read each of the events listed below, and **check the box** next to any event which has occurred in your life **in the last two (2) years**. There are no right or wrong answers. The aim is to identify which of these events you have experienced lately.

Life Events	Life Crisis Units	My Score		Life Crisis Units	My Score
Death of Spouse	100		Change in responsibilities at work	29	
Divorce	73		Son or daughter leaving home	29	
Marital Separation	65		Trouble with in-laws	29	
Gone to jail	63		Outstanding personal achievement	28	
Death of close family member	63		Spouse begins or stops work	26	
Personal injury or illness	53		Begin or end school	26	
Marriage	50		Change in living conditions	25	
Fired at work	47		Revisions in personal habits	24	
Marital reconciliation	45		Trouble with boss	23	
Retirement	45		Change in work hours or conditions	20	
Change in health of family member	44		Change in residence	20	
Pregnancy	40		Change in schools	20	
Sexual Difficulties	39		Change in recreation	19	
Gain of new family member	39		Change in church activity	19	
Business readjustment	39		Change in social activity	18	
Change in financial state	38		Mortgage or loan less than \$30,000	17	
Death of a close friend	37		Change in sleep habits	16	
Change to different line of work	36		Change in number of family get-togethers	15	
Increase in arguments with spouse	35		Change in eating habits	15	
Mortgage over \$100,000	31		Vacation	13	
Foreclosure of mortgage or loan	30		Christmas alone	12	
			Minor violations of the law	11	

My Total Score: _____

Score of 300+: At risk of illness.

Score of 150-299: Risk of illness is moderate (reduced by 30% from the above risk).

Score <150: Only have a slight risk of illness.