

CLINICAL

Ethnicity: _____ Education: _____

Occupation: _____

Why are you coming to talk to me? _____

Trauma History: _____

Current Stressors: _____

Previous Mental Health Treatment:

-psychotherapy or counseling (include dates and therapist names) _____

-psychiatric hospitalizations (include dates and facility names) _____

Have you ever had problems with thoughts of suicide? _____

Have you ever attempted suicide? _____

Family Psychiatric History: _____

Substance Use:

Describe your current use of alcohol/drugs, including tobacco.

Have you had a problem with alcohol or drug use? _____

Has anyone ever told you that you have a problem with alcohol or drug use? _____

Goals (What would you like to see change?) _____

