



Do you have a history of physical, sexual, emotional, or verbal abuse, or any significant trauma? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all health problems, including serious illnesses, hospitalizations, surgeries, head injuries, important accidents and injuries, eating patterns, exercise, sex, allergies, and other medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been prescribed any psychiatric medication for emotional, psychiatric or behavioral issues?

Medication/Dosage	Reasons Taken	Physician (name)	Dates taken	Response to medication, side effects?

Is there a family history of any mental health, emotional, behavioral, or substance abuse issues?

Relationship	Paternal or Maternal Side	Issue/Diagnosis

Do you have any problems with falling asleep, staying asleep, or waking up? \_\_\_\_\_  
\_\_\_\_\_

Any problems with appetite or significant (unexpected) recent changes in weight? \_\_\_\_\_  
\_\_\_\_\_

Who else lives with you? (Provide names and relationship) \_\_\_\_\_  
\_\_\_\_\_

How well do you get along with:

Spouse/significant other:	Excellent	Okay	Poorly	Not at all	N/A
Parents:	Excellent	Okay	Poorly	Not at all	N/A
Siblings:	Excellent	Okay	Poorly	Not at all	N/A
Coworkers:	Excellent	Okay	Poorly	Not at all	N/A
Friends/peers:	Excellent	Okay	Poorly	Not at all	N/A

Please list any concerns about your family or social relationships: \_\_\_\_\_

Compared to others, do you have:    No friends      Fewer friends      Average number of friends      More friends

List any interests, activities, or recreation that is important to you: \_\_\_\_\_

Are you spiritual or religious? Does your spirituality, culture, or heritage influence you? How so? \_\_\_\_\_

How much caffeine do you drink on a typical day? \_\_\_\_\_

Do you smoke? If so, how much? \_\_\_\_\_

Do you drink alcohol? How frequently and how much? \_\_\_\_\_

Do you use any recreational drugs, prescription drugs not prescribed to you, or use prescription drugs at higher dosages than prescribed? \_\_\_\_\_

Are you currently involved in any legal matters? \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

How long have you had current job? \_\_\_\_\_

Are you applying (or planning to apply in the next 6-12 months) for disability? If so, why? \_\_\_\_\_

Is there anything that is relevant or important, or that you feel I should know about? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date