

B. Chief concern

please describe the main difficulty that has brought you to see me: _____

C. Treatment

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No Yes If yes, please indicate:

When? _____ From whom? _____ For what? _____

With what results? _____

2. Have you ever taken medications for psychiatric or emotional problems? No Yes If yes, please indicate:

When? _____ From whom? _____

Which medications? _____ For what? _____ With what

results? _____

3. Name of Primary Care Physician _____

Date of last visit? _____ Phone Number _____

D. Family of Origin: Parents current marital status:

I. Parents married to each other _____ years. Separated for _____ years. Divorced for _____ years.

Mother remarried _____ times. Mother involved with someone _____ Yes _____ No

Mother deceased for _____ years. Age at the time of your Mother's death _____.

Father remarried _____ times. Father involved with someone Yes _____ No _____

Father deceased for _____ years. Age at the time of your Father's death _____.

2. Your relationship with each parent and with any other adults present: _____

3. Your parents' medical problems, drug or alcohol use, and mental or emotional difficulties: _____

4. Were both parents present your entire childhood? Yes _____ No _____

Which parent wasn't present your entire childhood? _____

At what age? _____

5. Sibling Information:

Number of Brothers _____ Number of Sisters _____.

Names and ages of siblings. _____

How is the relationship with your siblings currently? _____

6. Describe Childhood/Family Experience:

Outstanding _____ Normal Home Environment _____ Chaotic Home Environment _____

Witnessed physical/verbal/sexual abuse toward others Yes _____ No _____

Who was abused? _____ By Whom? _____

Experienced physical/verbal/sexual abuse Yes _____ No _____ By Whom? _____

Was anyone in your home emotionally neglected? Yes _____ No _____

If yes, who was neglected? _____ By whom? _____

E. Present relationships

1. How do you get along with your present spouse or partner? _____

How long have you been together? _____ Married _____ Co-habituating _____

2. How many children do you have? _____ # of Boys _____ # of Girls _____

Names and ages: _____

How is your relationship with your children? Briefly explain _____

3. Your important friends, past and present:

Names: _____

Good parts of relationship: _____

Bad parts of relationship: _____

F. Chemical use

1. How many cups of regular coffee do you drink each day? _____ How many cups of tea? _____. How many sodas/pop with caffeine (Coke, Pepsi, Mountain Dew, Dr. Pepper, Orange Crush, etc.)? _____ How many "energy drinks"? _____ How often do you use No Doz or similar caffeine pills? _____ .

2. How much tobacco do you smoke or chew each week? _____

3. Have you ever felt the need to cut down on your drinking? No Yes

4. Have you ever felt annoyed by criticism of your drinking? No Yes

5. Have you ever felt guilty about your drinking? No Yes

6. Have you ever taken a morning "eye-opener"? No Yes

7. How much beer, wine, or hard liquor do you consume each week, on the average? _____

8. Are there times when you drink to unconsciousness, or run out of money as a result of drinking? No

Yes

9. Have you ever used inhalants ("huffing"), such as glue, gasoline, or paint thinner? No Yes If yes, which and when? _____

Which drugs (not medications prescribed for you) have you used in the last 10 years? _____

Please provide details about your use of these drugs or other chemicals such as amounts, how often you used them, their effects, and so forth:

G. Legal history

1. Are you presently suing anyone or thinking of suing anyone? No Yes. If yes, please explain:

2. Is your reason for coming to see me related to an accident or injury? No Yes If yes, please explain:

3. Are you required by a court, the police, or a probation/parole officer to have this appointment? No Yes. If yes, please explain:

4. List all the contacts with the police, courts, and jails/prisons you have had. Include all open charges and pending ones. Under "Jurisdiction," write in a letter: F = federal, S =

state, Co = county, Ci = city.

Under "Sentence," write in the time and the type of sentence you served or have to serve (AR = accelerated or alternate resolution, CS = community service, F = fine, I = incarceration, Pr = probation, Po = parole, O = other, R = restitution).

Date	Charge(s)	Jurisdiction (F,S,C,Ci)	Sentence (AR, I, Pr, Pa)	Probation/parole officer's name
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5. Your current attorney's name: _____ Phone: _____

6. Are there any other legal involvements I should know about?

H. Other

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper:

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.

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