

**My Counseling Group, P.C.**

Name: \_\_\_\_\_ S M W D Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Page 1

**DATE**

Referred by:

**TIME**

Primary Care Physician (PCP):

**Problem/Purpose of Evaluation:**

**How Long?**

**How Often?**

**History:**

**Behavioral Observations/Symptoms:**

Psych History Previously Treated?  No  Yes —> When First ?

In Pt?  No  Yes

When?

Previous Dx?

Treated by:

Medications: Currently

How Long?

Tried?  Celexa  Desyrel  Effexor  Luvox  Paxil  Prozac  Remeron  Serzone  Trazadone  Wellbutrin

Zolof  Buspar  Xanax  Tegretol  Ritalin  Lithium  Others:

**Mental Status:**

**Mood:**  Normal  Depressed  Anxious  Euphoric  Angry  Sad **Appearance/Hygiene:**

**Speech:**  Normal  Slow  Too detailed  Pressured  Incoherent  Slurred  Perseverating

**Affect:**  Appropriate  Labile  Expansive  Constricted  Flat **Orientation:**  Person  Place  Time  Context

**Attitude:**  Cooperative  Friendly  Guarded  Antagonistic **Motor Activity:**  Relaxed & Calm  Fidgety  Agitated

**Judgement:**  Intact  Impulsive  Immature  Impaired —> Min/ Mod/ Sev

**Insight:**  Intact  Limited  Very Limited  None

**Memory: Immediate**  In tact  Impaired

**Simple Calculations:**

**Serial Sevens:**

**Remote**  In tact  Impaired

**General Knowledge:**  In tact  Impaired **Psychologically Minded?**  No  Yes

**Proverb Interpretation:**

**Sim/Diff:**

**Thought Process:**  Logical & Organized  Illogical  Loose Associations  Tangential  Disorganized  Flight of ideas

**Suicide:**  Ideations in past  Ideations presently  Plans  Attempts —>when?

In family —> who?

**Homicide:**  Ideations in past  Ideations presently  Plans  Attempts —>when?

In family —> who?

**Abuse History:**

Family Genogram

Grand  
Parents

Parents

Patient

Children

Grand  
Children

**Education:**  Dropped out Grade \_\_\_\_\_  GED  High School  Technical  Some College  Bachelor's  Masters  Doctoral

**Occupational History:**

**How long?**

**Legal:** Ever Arrested?  No  Yes → If yes, on probation?  No  Yes Prone to violence?  No  Yes

**Social:**

**Hobbies/Interests/Religious Preference/Self care:**

**Physical Description:**

Height :      Weight:      Lbs. Appearance relative to age:  consistent  younger  older (how many years ? )

Hair Color/Length:       Strait  Curled/Wavy      Eye Color:      Dress:

Visible Tattoos/Piercings?:  No  Yes → Describe:

Gate:      Posture:

Other:

**Medical History:**

Currently Treated?  No  Yes → Diagnosis

Past Illnesses?  No  Yes

Explain:

Medication Allergies:  No  Yes → Describe

Hx of Seizure?  No  Yes      Head Injuries?  No  Yes      Allergies?  No  Yes      Diabetes?  No  Yes

Thyroid Problems?  No  Yes      Heart Disease?  No  Yes      Surgeries?  No  Yes      Injuries?  No  Yes

Explain:

Prescribed Medications:

Over the counter Medications:

**Habits:**

Tobacco use:  No  Yes → How much?

Alcohol use:  No  Yes → How much?

Caffeine use:  No  Yes → How much?

Street drug use: Marijuana  No  Yes → How much?

Cocaine  No  Yes → How much?

Meth  No  Yes → How much?

Opiates  No  Yes → How much?

Hallucinogens  No  Yes → How much?

Ecstasy  No  Yes → How much?

Other  No  Yes → What/How much?

**Client Housing Arrangements:**

Client lives:  with parents  Independently  with spouse/sig. other  Apartment/condo  Home  Renting  Buying/Owns

Describes home as:

Describes area/neighborhood as:

**Other Comments:**

**Immediate Diagnostic Impressions:**

I

II

III

IV

V

**Summary/Recommendations/Interventions:**

Get consent/release for records from PCP/other provider