Individual, Marriage & Family Therapy

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**CLIENT INFORMATION**

Who referred you to this office? Today’s Date:

Name: DOB: Age:

Address:

City: State: Zip:

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: Occupation:

Number of Years: Enjoy Job? Yes No

**PERSON RESPONSIBLE FOR PAYMENT IF DIFFERENT FROM ABOVE**

Name: Relationship:

Address: City: State: Zip:

Cell Phone: Work Phone:

**GENERAL CONTACT AND EMERGENCY CONTACT INFORMATION**

Provider can call me at the following phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider can leave their name and phone number only when they call.

Provider can leave a detailed message when they call.

Provider can mail me information such as billing. Provider can email me information.

Provider can mail information to my home address. Provider can email me.

Provider cannot mail information to my home address. Provider cannot email me.

Our office would like to send appointment reminders. Please select one:

Text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The appointment reminder will include only the date and time of your appointment and your service provider name. We will not encrypt the messages. Health care information sent by regular email or text could be lost, delayed, intercepted, delivered to the wrong address or number, or arrive incomplete or corrupted. If you understand these risks and would like to receive any appointment reminder by email or text, I need you to confirm you accept responsibility for these risks and will not hold us responsible for any event that occurs after we send the message.

Patient Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, I authorize Provider to contact:

At ( ) Relationship to patient:

Patient Name (Print): Signature:

**Acknowledgement of HIPAA Notice of Privacy Practice**

I, , acknowledge receipt of the HIPAA Notice of Privacy Practice.

Signature of client or legal guardian/representative Date

**Acknowledgement of Payment Policy & Release of Information**

I,  **,** acknowledge receipt of payment policy regarding fees and payment for services. I understand that I am financially responsible for all charges. I hereby authorize Kenneth A. Finch, Ph.D., or Dallas A. Finch, LCSW to release all information necessary to secure their payment or my reimbursement and my information may be made available for retrieval by my insurance company or person responsible for payment.

Signature of client or legal guardian/representative Date

**Acknowledgement of Exceptions Therapist-Client Relationship**

I, , acknowledge that there are circumstances that create exceptions to the therapist-client confidentiality, as follows:

1. Any reasonable suspicion of child abuse, physical or sexual is required by the State of Florida to be reported to the Department of Health and Rehabilitative Services.
2. If you disclose to me that you intend to harm someone, I am required to warn the intended victim of the possible danger.
3. If you disclose to me that you intend to harm yourself in a suicidal situation, confidentiality will be broken.
4. In some cases, consultation during peer supervision will be sought in behalf of client's treatment.
5. If outside referral is deemed necessary, you will be asked to sign a release form for me to provide information about your case. NO information is released without your permission.
6. Records may be subpoenaed in some court cases.
7. If you utilize third-party payment to reimburse yourself: information you have authorized for release may be available for retrieval by your insurance company.

Signature of client or legal guardian/representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR RELEASE / REQUEST OF INFORMATION**

**CLIENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR** (check as appropriate):

\_\_\_\_Request for information \_\_\_\_ Release of information

I authorize Finch & Finch Consulting Group, LLC to request/release information and/or records of the individual name above.

This information may be released to / requested from the following:

FACILITY/PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE INFORMATION & RECORDS ARE FOR THE PURPOSE OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INFORMATION TO BE RELEASED INCLUDES: (check one)

\_\_\_\_\_ Specific information (such as billing, treatment summary, referral): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ All information

I understand that if the person(s) or entity(ies) that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed again and no longer protected by those regulations.

I understand that I have the right to inspect or copy any information I have authorized to be used. I understand that if I agree to sign this authorization, that I have a right to receive a copy of the signed form.

I understand that I have a right to cancel this authorization at any time by presenting my written notice of cancellation. I understand that the cancellation will not apply to information that has already been released in response to this authorization.

I understand that authorizing the disclosure of the information is voluntary. I understand that I may refuse to sign this authorization and that this refusal will not affect my ability to obtain treatment, payment or healthcare options. I understand that the above information may be disclosed by the recipient of the information. Most healthcare providers must follow federal rule protecting the privacy of health information. However, Finch & Finch Consulting Group, LLC cannot guarantee that others receiving the information will protect it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Guardian Date

**Consent to Treatment:** Signing indicates that you understand and agree that you will participate in the planning of your care, treatment, or services, and that you may stop such care, treatment or services at any time.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Court Policy & Fee’s**

Please be advised that the therapists of Finch & Finch Consulting Group, LLC do not participate in person, by phone or in writing in any court related matter that the client of Finch & Finch Consulting Group, LLC may be a party to or become a party to in any way. The therapists of Finch & Finch Consulting Group, LLC do not write letters regarding their client’s treatment to any entity, including court. The therapists of Finch & Finch Consulting Group, LLC at no time will offer an opinion or recommendation in any court matter, especially as it relates to custody.

If a court order is served and is requesting that a therapist of Finch & Finch Consulting Group, LLC be present in person and or there is a request for records, the client's consent will be requested before turning over confidential information. When obtaining this consent, the client will be told exactly what has been requested by court and there is no guarantee that the information will be kept confidential. This includes a client’s mental health history; current status and inclusive records and may not be in the best interests of the client. The therapist client relationship does not render the therapist as an advocate. The therapist will withhold any opportunity to engage in a dual relationship with the client.

Please be advised that should a therapist from Finch & Finch Consulting Group, LLC be ordered by court to write a letter to the court, the time shall be billed at $200 per hour.

Please be advised that should a therapist from Finch & Finch Consulting Group, LLC be court ordered to appear in court, the fee stipulation is as follows:

* $2,000 per day plus $200 per hour for travel to and from the court.
* $200 per hour for preparation

All therapists of Finch & Finch Consulting Group, LLC will **NOT** be ON-CALL at any time. Should a case be trialed, the therapist will be paid in full for each day as well as an additional $1,000 per day as it hinders the therapist’s or intern’s ability to be available to their other clients.

All court fees must be received prior to the court date. Should the court calendar the hearing for another date, the therapist or intern must be re-issued a court order with the new court hearing date.

Should the therapists or interns be on vacation, the party initiating the court order must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR SEEKING PROFESSIONAL HELP:**

**MY PROBLEM BEGAN** (Date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WHAT HAPPENED? \_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**I HOPE TO CHANGE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROBLEM LIST: (check if applies to you)**Environment: Relationship: Mood: Self-perception:  
\_\_\_social \_\_\_father \_\_\_anxious/panic \_\_\_poor self-esteem  
\_\_\_emotional \_\_\_mother \_\_\_depression \_\_\_lack personal hygiene  
\_\_\_behavior \_\_\_siblings \_\_\_poor concentration \_\_\_being held back  
\_\_\_relationships \_\_\_spouse \_\_\_lack energy \_\_\_hypersexual  
\_\_\_school \_\_\_girl/boyfriend \_\_\_withdrawal \_\_\_decreased libido  
\_\_\_work \_\_\_boss \_\_\_sleep problems \_\_\_suicidal thoughts  
\_\_\_church \_\_\_coworker \_\_\_lack interest to do \_\_\_homicidal thoughts

Emotions: Behaviors: Other:  
\_\_\_excess anger \_\_\_aggressive/violent \_\_\_fear of dying  
\_\_\_fear of harm \_\_\_inappropriate sexual \_\_\_fear of going crazy  
\_\_\_fear of being watched \_\_\_antisocial \_\_\_feeling that you are not real  
\_\_\_grief \_\_\_substance abuse \_\_\_feeling things around you are not real  
\_\_\_hopeless \_\_\_self-mutilation \_\_\_loss of time  
\_\_\_helpless \_\_\_self-induced vomiting \_\_\_flashbacks  
\_\_\_low frustration \_\_\_poor impulse control \_\_\_difficulty trusting self/others  
\_\_\_up and down \_\_\_over/under eating \_\_\_compulsive/obsessive

***CHILD***  
\_\_\_temper outbursts \_\_\_problems with authority/school \_\_\_strange behavior  
\_\_\_unhappy \_\_\_problems with authority/home \_\_\_strange thoughts  
\_\_\_daydreaming \_\_\_problems with the law \_\_\_school performance change  
\_\_\_clumsy \_\_\_lying \_\_\_fearful  
\_\_\_overactive \_\_\_truancy \_\_\_shy  
\_\_\_slow \_\_\_drug/alcohol use \_\_\_soiling pants/bed wetting  
\_\_\_short attention span \_\_\_sexual trouble/problems \_\_\_conflict with siblings  
\_\_\_undependable \_\_\_disobedient  
\_\_\_peer conflict \_\_\_mean to others  
\_\_\_stubborn \_\_\_lacks initiative

Do you desire to explain any of the above or note further symptoms that you are currently experiencing?

**Name:** **Date:**

**MEDICAL HISTORY: (if you need more writing space for history, notebook paper is fine)**Past mental health Outpatient treatment (date)\_\_\_\_\_\_\_\_\_ Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ diagnosis/problem \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Past Inpatient/Hospitalization treatment for mental health (date)\_\_\_\_\_\_\_\_\_ Provider\_\_\_\_\_\_\_\_\_\_  
Duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ diagnosis/problem\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Past suicide attempt(s) and date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Current Medication(s) dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Serious Illness/Surgery & date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Used the following for # of years: \_\_\_\_cigarettes \_\_\_\_alcohol \_\_\_\_marijuana \_\_\_\_cocaine/crack   
(Female only) Year & #:\_\_\_\_\_\_\_\_\_pregnancy \_\_\_\_\_\_\_\_\_\_miscarriage(s) \_\_\_\_\_\_\_\_abortion(s)

**FAMILY OF ORIGIN HISTORY:**

Diabetes: M/F/Bro/Sis Depression: M/F/Bro/Sis Downs Syndrome: M/F/Bro/Sis

Epilepsy: M/F/Bro/Sis Migraines: M/F/Bro/Sis Alcoholism/Drugs: M/F Bro/Sis

Allergies: M/F/Bro/Sis Thyroid: M/F/Bro/Sis Sleep Disorder: M/F/Bro/Sis

Seizures: M/F/Bro/Sis Hearing: M/F/Bro/Sis Mental Retardation: M/F/Bro/Sis

Anxiety: M/F/Bro/Sis Vision: M/F/Bro/Sis Panic Attacks: M/F/Bro/Sis

Eating Disorder: M/F/Bro/Sis Cerebral Palsy: M/F/Bro/Sis Hydrocephalus: M/F/Bro/Sis

Parents married at age M\_\_\_ F\_\_\_# of BRO\_\_\_# of SIS\_\_\_ My order in family 1,2,3,4,5,6,7,8,9  
Current age of siblings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Describe M as you remember her growing up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Describe F as you remember him growing up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Describe relationship with BRO/SIS growing up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILITARY HISTORY**: M F Years? \_\_\_\_\_\_\_\_\_Branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_Retired? \_\_\_\_\_\_\_\_\_\_\_\_  
**CLIENT MILITARY HISTORY:** Years? \_\_\_\_\_\_\_\_\_Branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retired? \_\_\_\_\_\_\_\_\_\_\_\_

**PAST/CURRENT CLIENT LEGAL HISTORY** (dates) court charges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
pending\_\_\_\_\_\_\_\_\_\_\_ probation\_\_\_\_\_\_\_\_\_\_\_ jail\_\_\_\_\_\_\_\_\_\_\_ car accident(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
divorce\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bankruptcy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDHOOD DEVELOPMENT:** Did you experience any of the following and at what age?

|  |  |  |  |
| --- | --- | --- | --- |
| nail biting\_\_\_\_\_\_\_\_\_\_ | thumb sucking\_\_\_\_\_\_\_\_ | bedwetting\_\_\_\_\_\_\_\_\_\_ | soiling\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| truancy\_\_\_\_\_\_\_\_\_\_\_\_ | stealing\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | fire setting\_\_\_\_\_\_\_\_\_\_ | animal cruelty\_\_\_\_\_\_\_\_\_ |
| alcohol use\_\_\_\_\_\_\_\_\_ | drug use\_\_\_\_\_\_\_\_\_\_\_\_\_ | running away\_\_\_\_\_\_\_ | fighting\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| juvenile court\_\_\_\_\_\_\_ | foster home\_\_\_\_\_\_\_\_\_\_ |  |  |

By whom & what age(s)? Emotional neglect\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical abuse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual abuse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rape\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acts of Nature or witness to trauma or violence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s pregnancy, any complications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was anger expressed in family explosive? Y N by M F other OR anger was repressed? Y N by M F other  
Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was discipline expressed in family harsh? Y N by M F other OR discipline was fair? Y N by M F other  
Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Received emotional support from M? Y N F? Y N Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Love was expressed by and whom? Hugging M F Kissing M F Kidding M F Verbally M F  
Gifts M F Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Was there a shortage of the following? Money Food Clothes Shelter  
Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL HISTORY:** Home town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ repeated grade\_\_\_\_\_\_\_\_\_\_\_  
learning disabilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ behavior problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
I enjoyed Jr. High: Y N I enjoyed High School: Y N I enjoyed college: Y N  
School activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Major/Special Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL/WORK HISTORY:** list any age & order of first job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Current financial status: poor\_\_\_\_\_\_\_\_ adequate \_\_\_\_\_\_\_\_ good\_\_\_\_\_\_\_\_\_\_  
Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELIGION/FAITH HISTORY:** Attended church as a child? Y N What denomination? \_\_\_\_\_\_\_\_\_\_\_\_  
With whom and how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
When did you stop attending or change? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEISURE/SOCIAL**: How did you spend time taking care of you during childhood and now?  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELATIONSHIP HISTORY**: Age of first date \_\_\_ Did you date much prior to marriage Y N  
Age of first marriage \_\_\_\_ # of years dated prior to marriage \_\_\_\_ # of years married \_\_\_\_  
Reasons for divorce\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Age of second marriage \_\_\_\_ # of years dated prior to marriage \_\_\_\_ # of years married \_\_\_\_  
Reasons for divorce\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Age of third marriage \_\_\_\_ # of years dated prior to marriage \_\_\_\_ # of years married \_\_\_\_  
Reasons for divorce\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Age of fourth marriage \_\_\_\_ # of years dated prior to marriage \_\_\_\_ # of years married \_\_\_\_  
Reasons for divorce\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Current relationship is \_\_\_\_ good \_\_\_\_satisfactory \_\_\_\_ poor Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Sexual satisfaction is \_\_\_\_ good \_\_\_\_satisfactory \_\_\_\_ poor Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Past or current extra-marital affairs (when and how long)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Domestic violence problems? Y N Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT HOUSEHOLD INCLUDES**: (name, age and relationship to you)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Has there ever been a period of time when you were not your usual self and… | YES | NO |
|  | … you felt so good or hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble? |  |  |
|  | … you were so irritable that you shouted at people or started fights or arguments? |  |  |
|  | ... you felt much more self-confident than usual? |  |  |
|  | … you got much less sleep than usual and found you didn’t really miss it? |  |  |
|  | … you were much more talkative or spoke faster than usual? |  |  |
|  | … thoughts raced through your head or you couldn’t slow down your mind? |  |  |
|  | … you were so easily distracted by things around you that you had trouble concentrating or staying on track? |  |  |
|  | …you had much more energy than usual? |  |  |
|  | … you were much more active or did more things than usual? |  |  |
|  | … you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? |  |  |
|  | … you were much more interested in sex than usual? |  |  |
|  | … you did things that were unusual for you or that other people might have thought were excessive, foolish or risky? |  |  |
|  | … spending money got you or your family into trouble? |  |  |
| 2. | If you checked YES to more than one of the above, have several of these ever happened during the same period of time? |  |  |
| 3. | How much of a problem did any of these ever cause you? Ex: Being unable to work, having family, money or legal troubles, getting into arguments or fights.  *Please circle only one response.*  No problem Minor problem Moderate problem Serious problem |  |  |

**Appendix 1: The Mood Disorder Questionnaire**

**Name**  **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please take a few minutes to complete the following statements. The answers may help your therapist better understand your health. This questionnaire offers you choices. There are no right or wrong answers. Simply check the circle next to the choice that best describes the way you felt **during the past week.** Take as long as you would like to give the most honest answer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None or a little of the time | Some of the time | Good part of the time | Most or all of the time |
| 1. I feel more nervous and anxious than usual. |  |  |  |  |
| 2. I feel afraid for no reason at all. |  |  |  |  |
| 3. I get easily upset or feel panicky. |  |  |  |  |
| 4. I feel like I’m falling apart or going to pieces. |  |  |  |  |
| 5. I feel like everything is all right and nothing bad will happen. \* |  |  |  |  |
| 6. My arms and legs shake and tremble. |  |  |  |  |
| 7. I am bothered by headaches, neck and back pains. |  |  |  |  |
| 8. I feel weak and get tired easily. |  |  |  |  |
| 9. I feel calm and can sit still easily. \* |  |  |  |  |
| 10. I can feel my heart beating fast. |  |  |  |  |
| 11. I am bothered by dizzy spells. |  |  |  |  |
| 12. I have fainting spells or feel faint. |  |  |  |  |
| 13. I can breathe in and out easily. \* |  |  |  |  |
| 14. I get feelings of numbness and tingling in my fingers and toes. |  |  |  |  |
| 15. I am bothered by stomachaches or indigestion. |  |  |  |  |
| 16. I have to empty my bladder often. |  |  |  |  |
| 17. My hands are usually dry and warm. \* |  |  |  |  |
| 18. My face gets hot and blushes. |  |  |  |  |
| 19. I fall asleep easily and get a good night’s rest. |  |  |  |  |
| 20. I have nightmares. |  |  |  |  |

**Name**  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please check a response for each of the 20 items.** | None OR a little of the time | Some of the time | Good part of the time | Most OR all of the time |  |
| 1. I feel downhearted, blue and sad. | 1 | 2 | 3 | 4 |  |
| 2. Morning is when I feel the best. | 4 | 3 | 2 | 1 |  |
| 3. I have crying spells or feel like it. | 1 | 2 | 3 | 4 |  |
| 4. I have trouble sleeping through the night. | 1 | 2 | 3 | 4 |  |
| 5. I eat as much as I used to. | 4 | 3 | 2 | 1 |  |
| 6. I enjoy looking at, talking to, and being with  attractive women/men. | 4 | 3 | 2 | 1 |  |
| 7. I notice that I am losing weight. | 1 | 2 | 3 | 4 |  |
| 8. I have trouble with constipation. | 1 | 2 | 3 | 4 |  |
| 9. My heart beats faster than usual. | 1 | 2 | 3 | 4 |  |
| 10. I get tired for no reason. | 1 | 2 | 3 | 4 |  |
| 11. My mind is as clear as it used to be. | 4 | 3 | 2 | 1 |  |
| 12. I find it easy to do the things I used to do. | 4 | 3 | 2 | 1 |  |
| 13. I am restless and can’t keep still. | 1 | 2 | 3 | 4 |  |
| 14. I feel hopeful about the future. | 4 | 3 | 2 | 1 |  |
| 15. I am more irritable than usual. | 1 | 2 | 3 | 4 |  |
| 16. I find it easy to make decisions. | 4 | 3 | 2 | 1 |  |
| 17. I feel that I am useful and needed. | 4 | 3 | 2 | 1 |  |
| 18. My life is pretty full. | 4 | 3 | 2 | 1 |  |
| 19. I feel that others would be better off if I were dead. | 1 | 2 | 3 | 1 |  |
| 20. I still enjoy the things I used to. | 4 | 3 | 2 | 1 |  |
|  |  |  | RAW SCORE | |  |
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