Candace Sam, PLCSW

Patient Name:____

Address:____

Phone:____

Email:____

Guardian(s) Name:____

Address:____

Phone:____

Email:____

Description of current problem/symptoms:

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Symptom Checklist (explain on next page):

- □ Anger Issues
- □ Abuse History
- □ Suicidal Thoughts/Behaviors
- □ Homicidal Thoughts/Behaviors
- □ Sleep Issues/Changes
- □ Appetite Changes
- □ Self-harm Behaviors
- □ Drug use
- □ Sexual problems
- □ Change in mood
- □ Loss of interest in activities
- □ Difficulties paying attention
- □ Relationship issues
- □ School issues

Symptom Checklist:

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Recent Stressors (explain on lines below):

- ☐ Death
- ☐ Divorce
- ☐ Move
- ☐ Health
- ☐ Family Changes
- ☐ Job Changes
- ☐ Trauma
- ☐ Natural Disaster
- ☐ Other

Stressors Checklist:

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Current Medications:

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Current Diagnoses (mental health/medical):

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Family History

Family History of Mental Illness:

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Family History of Substance Abuse:

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Family History of Medical Issues:

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Family Situation: (living situation, siblings names and ages, relationships with family members)

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School History

Current grade and school:

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Checklist (explain below):

- ☐ Learning Disabilities
- ☐ Behavioral Problems
- ☐ 504/IEP Plans
- ☐ Speech and Language Problem
- ☐ Suspensions
- ☐ Expulsions

School information: (school problems, performance, friends, extra activities)

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Development

Prenatal History: (mother's health during pregnancy, complications)

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Delivery Information: (birth weight, general information, complications)

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Milestones Development: (early/late on milestones)

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Other

Legal Involvement: (any past or current involvement)

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Past Treatment Information: (past providers, length of time, intensity, hospitalizations)

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Cultural Information: (beliefs, special instructions, related problems)

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Spiritual Information: (beliefs, special instructions, related problems)

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Job Information:

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Military History:

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Anything else I should know about you?

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