



# Candace Sam, LICSW

Psychotherapist

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Guardian(s) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Insurance (insurance info/employer): \_\_\_\_\_

Description of current problem/symptoms:

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**Symptom Checklist:**

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| <input type="checkbox"/> Anger Issues                 | <input type="checkbox"/> Drug use                       |
| <input type="checkbox"/> Abuse History                | <input type="checkbox"/> Sexual problems                |
| <input type="checkbox"/> Suicidal Thoughts/Behaviors  | <input type="checkbox"/> Change in mood                 |
| <input type="checkbox"/> Homicidal Thoughts/Behaviors | <input type="checkbox"/> Loss of interest in activities |
| <input type="checkbox"/> Sleep Issues/Changes         | <input type="checkbox"/> Difficulties paying attention  |
| <input type="checkbox"/> Appetite Changes             | <input type="checkbox"/> Relationship issues            |
| <input type="checkbox"/> Self-harm Behaviors          | <input type="checkbox"/> School issues                  |

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**Recent Stressors:**

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

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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:**

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|--|--|
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Speech and Language Problem |
| <input type="checkbox"/> Behavioral Problems   | <input type="checkbox"/> Suspensions                 |
| <input type="checkbox"/> 504/IEP Plans         | <input type="checkbox"/> 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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**Strengths:**

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**Anything else I should know about you?**

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**Goals:**

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