Get it in gear

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www.HopePsychotherapyOfHouston.com

New Patient Questionnaire/Psychosocial History

(Completed/Information supplied by the patient)

Name:_____ **Date of Birth:**_____ **Age:**_____

Date of Appointment:_____ **Time of Appointment:**_____ ❒ AM ❒ PM

Sex:_____ **Race:**_____ **Religious Preference:**_____

Marital Status: ❒Married: # of years____, ❒Separated, ❒Divorced, ❒Widowed, ❒Single

Referred By:_____
(e.g., Name of physician, website, friend, name of school counselor, yellow pages, etc.)

I am being referred for/am coming to therapy because:_____

I experience the following feelings (check all that apply):

❒	Happiness	❒	Depression	❒	Anxiety	❒	Panicky
❒	Calmness	❒	Confusion	❒	Scared	❒	Anger
❒	Lost	❒	Aloneness	❒	Emptiness	❒	Hopeless
❒	Helpless	❒	Others:_____				

I have heard things that others cannot hear: ❒ No ❒ Yes Please describe:_____

I have seen things that others cannot see: ❒ No ❒ Yes Please describe:_____

I have felt things that others cannot feel: ❒ No ❒ Yes Please describe:_____

My appearance is usually:_____

I usually feel_____**about myself.**

I have friends: ❒ No ❒ Yes #____Males #____Females

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Name:_____ Date:_____

When I am with my friends I:_____

_____

I have a ❒ girlfriend ❒ boyfriend ❒ N/A

❒ I feel I am heterosexual ❒ I feel I am homosexual ❒ I feel I am other:_____

I am sexually active: ❒ Yes ❒ No I have been sexually active: ❒ Yes ❒ No

I practice safe sex: ❒ N/A ❒ Yes, type(s) of contraceptive(s):_____
❒ No because:_____

_____

Name of school: ❒ N/A_____ **Grade:**_____
(Including advanced institutions)

I like school: ❒ N/A ❒ Yes ❒ No because:_____

_____

My grades are usually (check all that apply): ❒ N/A ❒ A ❒ B ❒ C ❒ D ❒ F

My in school conduct is usually: ❒ N/A_____

_____

My favorite subjects are: ❒ N/A_____

My least favorite subjects are: ❒ N/A_____

In school/at work I have trouble with (check all that apply): ❒ N/A

❒ Memory ❒ Attention/Concentration ❒ Understanding some subjects/tasks
(Which subjects/tasks?_____**)**
❒ Other:_____

_____

Sometimes I get into physical fights: ❒ No ❒ Yes because:_____

_____

I am employed by: ❒ N/A_____
(Including volunteer work)

My job title is: ❒ N/A_____

I enjoy my job: ❒ N/A ❒ Yes ❒ No I have been employed/unemployed for (time):

_____

I have never been employed outside the home: ❒

Military experience (i.e., branch, type of discharge, etc.): ❒ N/A_____

For fun I like to:_____

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Name:_____ Date:_____

I live with:_____

_____

I get along with my siblings: ❒ **N/A** ❒ **Yes** ❒ **No because:**_____

_____

I get along with my parents (or other caregivers): ❒ **N/A** ❒ **Yes** ❒ **No because:**_____

_____

_____

I usually get along with adults: ❒ **Yes** ❒ **No because:**_____

_____

_____

I usually get along with children: ❒ **Yes** ❒ **No because:**_____

_____

_____

I have used the following types of <u>alcohol/illegal substances/tobacco</u>: put an * by your drug of choice. ❒ **N/A**

Name of drug	Age of first use	Amount/Frequency	Date of last use

(Use additional space at bottom/back of this page if needed.)

I sleep okay: ❒ **Yes** ❒ **No because:**_____

_____

I have a good appetite: ❒ **Yes** ❒ **No because:**_____

_____

I have been/am involvement with the Legal System: ❒ **No** ❒ **Yes because:**_____

_____

_____

I have been ❒ **emotionally abused,** ❒ **physically abused,** ❒ **sexually abused, or** ❒ **abandoned** ❒ **N/A**

I wish I could:_____

I have the following medical problems:_____

_____

_____

_____

(List all medical issues including past accidents.)

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Name:_____ Date:_____

I take the following prescription or over the counter medications including vitamins:

Name of medicine	Why?

(Use additional space at bottom/back of this page if needed.)

Type of communication/discipline used in my home: ❒ N/A_____

_____

When I get upset I:_____

_____

_____ **to help me calm down.**

I have cut, burned, scratched, hurt myself (including problems with eating): ❒ No ❒ Yes because:_____

_____

Types of Coping Skills (e.g., reading, writing, meditating, self-injury, substances, etc.) I use: _____

_____

I have tried to kill myself before: ❒ No ❒ Yes because:_____

_____

How?_____

_____

I have thought about killing someone else: ❒ No ❒ Yes because:_____

_____

I have had previous treatment (e.g., in-patient, private therapist, residential treatment): ❒ No ❒ Yes because:_____

_____

I am willing to receive therapy: ❒ No because:_____
❒ Yes because:_____

Others things that are important for you to know about me:_____

_____

_____

_____

_____

_____

Patient or Legal Guardian Signature:_____

Date:_____

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