BEHAVIORAL HEALTH
INTAKE INFORMATION

What you like to be called? _________________________________

Please check any problem areas bothering you lately:

- Job
- Finances
- Parenting / Child problems
- Violence / Physical abuse
- Divorce / Stepfamily
- Depression
- Suicide thoughts / Attempts
- Worries / Anxiety / Panic attacks
- Obsessions / Compulsions
- Sleep problems / Tired
- Eating / Appetite / Weight / Food worries
- Self-esteem
- Withdrawn / Shy / Few Friends
- Concentration / Focus / Forgetfulness
- Relationship / Marriage issues
- Irritability / Temper / Anger
- Impulsive
- Sexual abuse / Date rape
- Alcohol / Drugs (self)
- Alcohol / Drugs (other)
- Relatives problems
- Death of a loved one / Other Losses
- Cutting / Self-injury to feel better
- Harm to others
- Health / Pain / Medication problems
- Legal problems
- Hallucinations
- Sexual problems
- Gay / Lesbian / Bi / Transgender issues
- Other_______________________________

Medications/supplements: Anything you take NOT prescribed by the Polyclinic for depression, anxiety, sleep, concentration, etc. Names:

__________________________    ______________________________    _____________________________

How would you describe your overall physical health?  □ Excellent  □ Good  □ Fair  □ Poor

Exercise: Days per week_______ Type____________________________________________

Appetite:  □ Poor  □ No Problem  □ Over Eating

Sleep: To bed at_________am/pm  Up from bed at_________am/pm   TV/computer/cell hours daily________

Average hours sleep per night in last week_______  Hours per night you need to feel rested and alert_______

□ Can’t get to sleep  □ Wake up too early  □ Sleep walking
□ Wake up frequently  □ Oversleep  □ Snore / Stop breathing while sleeping
□ Hard to return to sleep  □ Wake up tired  □ Nightmares  How many nights per week_______

□ Naps  How many per day_______

Caffeine: Servings per day:  Coffee _______ Caffeinated sodas _______ Power/energy drinks _______ Pills

Tobacco: _______ Cigarettes per day  OR  _______ Packs per day. _______ Chew

Alcohol: _______ Drinks per day  OR  _______ Drinks per week.

Anyone ever thought you had a problem with alcohol or drugs? □ Yes  □ No

Check or circle all used in the last year:

- □ Marijuana
- □ Meth, speed, crank, crystal, cocaine, crack
- □ LSD, mushrooms, PCP, hallucinogens
- □ Vicodin, Oxycontin, Percoset, Codeine, etc
- □ Heroin, morphine

- □ Body-building supplements, steroids, diet pills
- □ Relaxers: Xanax, benzo’s, barbs, other pills
- □ Ecstasy, club drugs, GHB, inhalants, sprays
- □ Other_______________________________
Past substance abuse treatment:  □ 12-step groups □ Outpatient □ Residential/inpatient

Partnerships:  □ Married □ Committed relationship □ Single □ Divorced □ Widowed

- Year current relationship began______ Year married______ If previous marriages, how many______
- Feelings about your relationship situation:  □ Satisfied □ Could be better □ Dissatisfied □ Unsafe

Children:  # of biological or adopted kids ______ Age of oldest ______ / youngest ______ # of stepchildren______

Persons living in my home:  Name Age Relationship to me

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other important people in my life:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Overall, how much support do you have from people in your life:  □ Lots □ Some □ A little □ None

Job: ________________________________________ # years with employer______ □ Unemployed

- Happy with this situation?  □ Yes □ Somewhat □ Not happy □ Job problems in the past
- Any distress about your financial (money) situation?  □ Not at all □ A little □ Somewhat □ A lot

Education:  Highest grade in school completed______ □ Learning issues/difficulties

- # of years of education after high school, if any______ List any degrees/certificates obtained_____________________________________

Heritage:  □ Caucasian/White □ Am. Indian/Alaska native □ Hispanic □ African/Black □ Asian □ Other__________

Strengths, interests, hobbies:  ________________________________________________________________

- □ Religion/spirituality or other value system is important to me. Describe ___________________________________________

Mental health history:  □ Saw a counselor before  How many counselors______

- How long ago was the most recent visit __________________ □ Still seeing that counselor
- Medications taken before for depression, worry, sleep, ADD etc. that were:

  □ Helpful ____________________________________________ Not helpful __________________

  □ Wanted to be dead □ Physically or sexually assaulted
  □ Tried to kill myself □ Went to the emergency room in a panic
  □ As an adult, physically injured someone □ Hospitalized overnight for psychiatric reasons
  □ Incarcerated / problems with the law / DUI  How many times______ Year of last hospital stay______

Have any of these ever happened to you?

Have you ever done any of these to yourself to get rid of stress or feel better?

  □ Cutting □ Hitting □ Throwing up □ Reckless driving
  □ Burning □ Other self-injury □ Laxatives to lose weight □ Playing with weapons

What were your growing-up years like?  □ Loving / safe / secure □ Not so good □ Yelling / fighting

  □ Violence □ Losses □ Moved a lot □ Parents not around □ Accidents / traumas

Birth relatives with mental health issues  Describe problem:  Father__________________  Mother__________________

- Sibling(s)_______________________ Grandparents_______________________ Children_______________________