Dr Marti Fausold-Mowers
ADULT PERSONAL HISTORY

`DEMOGRAPHICS

NAME

DATE of BIRTH   Address

To Day's DATE   Cell Phone

Do I have your permission to leave VM/Texts at the number indicated? ☐

Email Address

Do I have your permission to email this address if I need to reach you? ☐

Medical Insurance

Form completed by (if someone other than patient)

FAMILY MAKE UP

Describe the type of family

List all members of Family:

Name	Relation	Marital Status	Household	Age

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PRIMARY REASONS FOR SEEKING SERVICES

In your own words, describe the current problems as you see them:

How long has this been going on?

What prompted you to come in at this time?

What do you hope to gain from therapy?

If you had difficulties in the past, what have you done to cope? Was it helpful?

Have you seen a therapist, psychiatrist or other mental health professional before?

If yes, please complete:

Please list any medications that you are taking for your mental health:

Medication	Dosage	How long have you been taking?	Has it been helpful?

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SYMPTOM CHECKLIST

Please check ant symptoms or experiences that you have had in the last month:

- ☐ Difficulty falling asleep
- ☐ Difficulty staying asleep
- ☐ Difficulty getting out of bed
- ☐ Not felling rested in the morning

Average hours of sleep ______

- ☐ Persistent loss of interest in previously enjoyed items
- ☐ Withdrawing from other people
- ☐ Spending increased time alone
- ☐ Depressed mood
- ☐ Feeling numb
- ☐ Rapid Mood changes
- ☐ Irritability
- ☐ Anxiety
- ☐ Panic Attacks
- ☐ Frequent feelings of guilt
- ☐ Avoiding people, places, activities
- ☐ Difficulty leaving your home
- ☐ Outbursts of anger
- ☐ Fear of certain objects or situations (i.e. flying, heights, bugs) ______
- ☐ Repetitive behaviors or mental acts (i.e. counting, checking doors, washing hands)

- ☐ Worthlessness
- ☐ Hopelessness
- ☐ Sadness
- ☐ Helplessness
- ☐ Fear
- ☐ Feeling or acting like a different person

- ☐ Changes in eating / appetite
- ☐ Eating more
- ☐ Eating less
- ☐ Voluntary vomiting
- ☐ Use of laxatives
- ☐ Excessive exercise to avoid weight gain
- ☐ Binge eating
- ☐ Are you trying to lose weight?
- ☐ Weight gain: ______
- ☐ Weight loss: ______

- ☐ Difficulty in catching your breath
- ☐ Increase muscle tension
- ☐ Unusual sweating
- ☐ Easily started, feeling "jumpy"
- ☐ Increased energy
- ☐ Decreased energy
- ☐ Tremor
- ☐ Dizziness
- ☐ Frequent worry
- ☐ Physical sensations others don't have
- ☐ Racing thoughts
- ☐ Intrusive memories

- ☐ Difficulty concentrating or thinking
- ☐ Large gaps in memory
- ☐ Flashbacks
- ☐ Nightmares
- ☐ Thoughts about harming or killing yourself
- ☐ Thoughts about harming or killing someone else

- ☐ Feeling as if you were outside yourself, detached, observing what you are doing
- ☐ Feeling puzzled as to what is real and unreal
- ☐ Persistent, repetitive, intrusive thoughts, impulses, or images
- ☐ Unusual visual experiences such as flashes of light, shadows

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- ☐ Hear voices when no is present
- ☐ Feeling that your thoughts are controlled or placed in your mind
- ☐ Feeling that television or the radio is communicating with you
- ☐ Feeling as if you were outside yourself, detached, observing what you are doing

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- ☐ Difficulty problem solving
- ☐ Dependency on others
- ☐ Inappropriate expression of anger
- ☐ Difficulty/Inability to say “no” to others
- ☐ Sense of lack of control
- ☐ Abusive relationship
- ☐ Concerns about your sexuality
- ☐ Difficulty meeting expectations
- ☐ Manipulation of others to fufill your own desires
- ☐ Self-mutilation / cutting
- ☐ Ineffective communication
- ☐ Decreased ability to handle stress
- ☐ Difficulty expressing emotions

WORK HISTORY

Are you currently employed?

EMPLOYER	Dates of Employment	Reason for Leaving

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EDUCATION HISTORY

Highest level achieved (grade or degree)

Have you ever had any disciplinary problems in school?

If yes, explain

Were you considered hyperactive / ADHD in school?

If yes, were / are you on any medication

If yes, please list

What kind of grades did you receive?

OTHER HISTORY

Any childhood Health Problems?

Any specific changes / events growing up or currently that you feel has had an impact?

What are your strengths?

What are you most proud of?

What else would be helpful to share?