

**IDENTIFYING INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Birth Date \_\_\_\_\_ Religion \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of emergencies:

Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Marital Status     Married     Separated     Engaged     Divorced     Widowed

**Presenting Problem**

Who referred you for evaluation?     Director     Case Worker     Self-Referral     Physician

What are your main problems or concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of help do you hope to get? \_\_\_\_\_  
\_\_\_\_\_

Current legal problems (describe) \_\_\_\_\_  
\_\_\_\_\_

**Past Psychiatric History**

If you have ever been seen by a mental health profession before, when and why?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had serious thoughts of or attempted to hurt yourself or someone else? \_\_\_\_\_  
\_\_\_\_\_