1. Presenting problem (what made you call for an appointment)
2. Family Dynamic (relationship with parents, siblings, etc)
3. Medical History (any procedures or medical issues that would be important for me to know: including hospitalizations medical or psychiatric)
4. Spirituality and religion (do you attend church, believe in God, pray, etc)
5. Behaviors (at home and at school)
6. Social Life (friends, quality, hobbies, interests, etc)
7. Substance Use (prescription, illicit, smoking, alcohol, caffeine, sugar, etc)
8. Legal Issues (for yourself or custody of dependent)
9. Big Changes in your Life (losses, life transitions, moves, etc)
10. Current Symptoms (please circle if you have had these symptoms within the last 4 weeks)

Depression aggression Irritability Mood Swings Impulsivity Guilt

Trouble Focusing Shame Sleep Disturbances/changes Anxiety

Phobias Food/appetite changes Weight Gain (>10lbs) Headaches

Changes in thoughts (racing or distracted) Weight Loss (>10lbs) Stomach Discomfort

Hallucinations (auditory/visual) Wanting to hurt yourself (suicide or self-harm

Wanting to hurt someone else Delusions

Any others not mentioned:

1. Stressors/Triggers (things that you know will “set you off” or deregulate your emotions)
2. Trauma/Witness to Abuse (to yourself or others)
3. Strengths (please list 3 of you strengths)
4. Weakness (please list weaknesses/challenges/barriers to treatment)
5. Previous Treatment and/or Diagnosis (have you seen a mental health professional (counselor, social worker, psychiatrist, psychologist) before?
6. What are you hoping to get out of therapy?
7. Anything else you want me to know?