

Please mark any of the following symptoms experienced:

- Anxiety
 - Excessive Anger
 - Restlessness
 - Too much sleep
 - Trouble paying attention
 - Trouble finishing homework or work tasks
 - Isolation from others
 - Excessive emotions
 - Poor appetite and/or weight loss
 - Excessive stress and worry
 - Panic attacks
 - Suicidal and/or homicidal thoughts
 - Self-injury (cutting/burning)
 - Impulsiveness and/or risk-taking behaviors
 - Mood swings
 - Relationship problems
 - School bullying
 - Nightmares
 - Legal problems
 - Chronic pain
 - Excessive forgetfulness
 - Sexual problems
 - Obsessive thoughts
 - Racing thoughts
 - Lack of motivation
 - Intrusive thoughts
 - Hopelessness
 - Shame
 - Excessive feelings of loss
 - Sensitive to minor noises
 - Addictive behaviors
 - Sudden irritability and impatience with others
 - Sudden weight gain
 - Excessive dependency on others
 - Perfectionism that interferes with task completion
 - Intense romantic relationships
 - Attention-seeking behaviors
 - Other: _____
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Please answer the following questions:

AGAIN, PLEASE NOTE: ANY INFORMATION DISCLOSED IN THIS QUESTIONNAIRE IS CONFIDENTIAL AND WILL BE PLACED IN YOUR CHART TO AIDE DR. STELLA FERNANDEZ IN HELPING YOU AND/OR YOUR FAMILY/CHILD. PLEASE READ ALL INFORMATION. SHOULD YOU HAVE ANY QUESTIONS, FEEL FREE TO ASK.

***Suicidal Ideation:** Are you currently experiencing thoughts of suicide/homicide? Have you in the past experienced thoughts of suicide/homicide?

***Identifying Information:**

Age:_____ Ethnicity:_____ Religion:_____ Marital Status:_____

***History of Presenting Problem:** When did your symptoms start? How long have you had these symptoms?

***Past Treatment:** Have you had any past psychiatric, psychological or help for an emotional problem? If so, for how long did you seek help? Have you been admitted into a psychiatric hospital or rehabilitation facility? If so, for how long were you in the inpatient unit and for what purpose? Have you ever been diagnosed with a psychiatric/psychological/emotional disorder? If so, please describe.

***Trauma History:** Please describe any history of physical, emotional and/or sexual abuse. When and for how long did the abuse occur? How old were you at the time? Describe the person(s) involved in the abuse (e.g. relative, neighbor, friend, and sibling).

***Family Psychiatric History:** Is there a (biological) family history of psychiatric/psychological/emotional illness?

***Medical Conditions:** Please describe any past or current medical diagnoses.

***Current Medications:** Please describe any current prescription(s), dosage of the prescription(s), and name of the prescribing clinician.

***Substance Use:** Do you drink alcohol? If so, what do you drink, for how long have you been drinking (e.g. since teenage years, adulthood, etc.). Has anyone mentioned that you may have a problem with alcohol abuse? Do you currently use illegal drugs? If so, what do you use, for how long have you used, etc.

***Family History:** What is your home life like? What is your relationship like with family? (Spouse/Significant-other, Parents, Siblings, Children, Extended family)

Who do you live with and for how long have you lived at this location?

***Social History:** Describe your friends and social life. Who do you turn to for emotional support?

***Developmental History:** As a child did you experience any delays in the development of language, or physical skills? Where you born premature and where there any medical complications?

***Educational/Work History:** What is the highest level of education that you have completed? What is your current profession/job? For how long have you been at your profession/job?

***Legal History:** Have you ever been convicted of a crime? Please describe. How many traffic violations have you received in the past 5 years? Have you ever been cited and/or convicted of a DWI/DUI charge?

Are you currently under any litigation? (e.g., child custody dispute, property damage, etc.)

Life-Coping Skills: What do you do for fun and to relax? What do you believe are your strengths and weaknesses?

What do you expect to achieve after seeing a clinician? How long do you believe you will need guidance?
