



Adult General Health & Mental Health Information:

Have you or the client previously received any mental health services? Yes No

If yes whom did you see: _____

Are you or the client currently taking any prescription medication? Yes No

Please list: _____

1. How would you rate your current physical health? 0 poor _____ 10 Excellent
2. How would you rate your current sleeping habits? 0 poor _____ 10 Excellent
3. What types and frequency of exercise do you participate in? _____
4. Please list any difficulties with your body image. _____
5. Are you currently experiencing overwhelming sadness, grief, or depression? Yes No
6. If yes, for approximately how long? _____
7. Are you currently experiencing anxiety, panic attacks, or have any phobias? _____
8. Are you currently experiencing any chronic pain? _____
9. Do you drink alcohol more than once a week? Yes No. # Drinks _____
10. How often do you engage in recreational drug use? Daily Weekly Monthly Never
12. What significant life changes or stressful events have you recently experienced? _____

13. Are you currently in a romantic relationship? Yes No

14. How would you rate your relationship? 0 poor _____ 10 Excellent

Please circle all that apply.

- Having difficulty at work or school
- Rebellious
- History of being abused (Physical, Sexual, Emotional)
- History of abuse (Physical, Sexual, Emotional)
- Abuse or addiction to alcohol or drugs
- Abuse or addiction-gambling, internet, sex other
- Obsessive or compulsive behaviors/thoughts
- Difficulty maintaining hygiene or grooming
- Loss of interest in activities
- Sense of hopelessness/ sadness
- Change in sleeping pattern
- Increased irritability
- Worries often
- Panic/anxiety attacks
- Change in eating habits
- Recent weight loss/gain
- Binging or purging
- Excessive exercising
- Difficulty controlling anger
- Thoughts or acts on running away
- Plan or means to end life
- Cutting or self-injurious behavior
- Has planned, thought about, or hurt someone else
- Difficulty concentrating/focusing
- Difficulty sitting still/ fidgets
- Stealing lying/ deception
- Racing thoughts
- Hallucinations
- Paranoid ideation
- Destruction of property
- Difficulty completing tasks
- Social isolation / withdrawal
- Loss of energy