

**New Adult Patient History Form
Create A Healthy Mind
Steevie Jane Parks, Ph.D.**

Name: _____ Date of Birth: _____
Age: _____ Occupation: _____
Marital Status: _____ Any children? Y N How many? _____

What are your current psychological concerns? (1-4 in order of priority)

1. _____
2. _____
3. _____
4. _____

What have you tried to do (so far) deal with these concerns and how well have these efforts worked?

1. _____
2. _____
3. _____
4. _____

When did each issue/event start?

1. _____
2. _____
3. _____
4. _____

Have you had similar concerns in the past? Y N if so, how were they dealt with?

Have any biological family members had similar problems? Y N

Please Explain: _____

Have you now, or have you ever had issues with drugs or alcohol? Y N

Please Explain: _____

Page Two:

Please circle any of the following symptoms that have had on a consistent basis for the past few weeks:

- Anxiety** _____
- Depression** _____
- Low mood** _____
- Attention problems** _____
- Hallucinations** _____
- Learning problems** _____
- Mental confusion** _____
- Amnesia** _____
- Fainting** _____
- Tearfulness** _____
- Suicidal Thoughts** _____
- A plan to end your life** _____
- Taking medication** _____
- Relationship Problems** _____
- Family Problems** _____
- School Failure:** _____
- Work Issues:** _____
- Fatigue:** _____
- Overexcitement:** _____
- Mood Swings:** _____
- Insomnia:** _____
- Hypersomnia (sleeping too much):** _____
- Eating problems (too much, too little, too picky):** _____
- Body aches and Pains:** _____
- Panic Attacks (anxiety attacks) :** _____
- Unreasonable Fears:** _____
- Self-Destructive Acts :** _____
- Homicidal Feelings:** _____
- Fits of Rage:** _____
- Social Isolation :** _____
- Irrational Guilty Feelings:** _____
- Low Self Esteem:** _____
- Perfectionism:** _____
- Working too hard:** _____
- Avoiding Work:** _____
- Drinking too much:** _____
- Black outs:** _____
- Recurring Nightmares:** _____
- Flashbacks:** _____

Page Three:

Have any first degree relatives ever had a major psychiatric disorder? If so please circle type and relationship (e.g. father, mother, maternal uncle..):

Major Depression _____

Bi Polar Disorder _____

Schizophrenia _____

Anxiety Disorder _____

Autism: _____

Obsessive Compulsive Disorder _____

Personality Disorder _____

As far as you recall, have you ever been either physically or sexually abused? Y N

Explain: _____

Please write down anywhere from three to five adjectives that you might use to describe yourself to others:

1. _____
2. _____
3. _____
4. _____
5. _____

Please describe your relationship with your mother growing up:

Please describe your relationship with your father growing up:

Do you have a significant other? Y N

Please describe any relationship concerns you may have:

Page Four:

Do you have any spiritual/religious concerns at the moment? Please explain.

What would you like to accomplish or receive by coming to see me?

1. _____
2. _____
3. _____
4. _____

Please use the following space to let me know anything about you that we may not have covered that you would like me to be aware of:

Thank you for your kind consideration in filling out this form.