FaithWorks Counseling
10505 Wayzata Blvd, Suite 101
Minnetonka, MN 55305
) [

ADULT INTAKE

Personal History
Diagnostic Assessment

Anchor Counseling
110 1st Street E.
Jordan, MN 55352
Fx: 952-492-7885

==========

Intermittent Explosive: Assaults/destroys property Aggressiveness not proportional to stressor			

Intake/Diagnostic Assessment **Client:** _____

Symptoms	**Yes**	**No**	**Additional info/duration and/or ex. of impariment**
Generalized anxiety: Excess anxiety/worry			**List topics of worry:**
Worries more days than not			
Difficult to control the worry			
Restlessness/on edge			
Easily Fatigued			
Concentration low/mind goes blank			
Irritability			
Muscle tension			
Sleep disturbance			
Panic Attacks: Sweating			
Palpitations/accelerated heart			
Trembling/shaking			
Shortness of breath/smothering			
Feeling of choking			
Chest pain/discomfort			
Nausea/abdominal distress			
Dizzy/Lightheadedness/faint			
Derealization/depersonalization			
Parasthesia (numbing/tingling)			
Chills or hot flashes			
Fear of losing control/going crazy			
Fear of dying			
Specific Phobias			
Social Phobia: social/performing anxiety			
Fears of scrutiny or embossing self			
Recognizes fear is excessive			
Avoid situations/endure with distress			
PTSD: Witnessed trauma to self/other			
Fear/helplessness/horror response			
Recurrent/intrusive recalling of event			
Recurrent distressing dreams			
Acting/feeling as if event is recurrent			
Distressing at exposure to cues of event			
Physiological reactivity (exposure to cue)			
Avoidance or numbing of responsiveness			**Circle:** avoid thoughts, feeling, conversation, activity, places, people
Persistent increased arousal			**Circle:** sleep, irritability, anger, hypervigilance, concentration trouble, exaggerated startle

FaithWorks Counseling
10505 Wayzata Blvd, Suite 101
Minnetonka, MN 55305
Fx: 952-746-8128

ADULT INTAKE

Personal History
Diagnostic Assessment

Anchor Counseling
110 1st Street E.
Jordan, MN 55352
Fx: 952-492-7885

==========

Obsessive/Compulsive Disorder			
Recurrent thoughts/impulses/images			
Experienced intrusive/inappropriate			
Causes marked distress/anxiety			
Tries to ignore/suppress with action/thought			
Recognizes as product of own mind			
Repetitive behaviors driven to perform			**Circle:** washing, counting, checking, praying, ordering, repeating words silently, other:
Aimed at preventing/reducing distress			

Intake/Diagnostic Assessment **Client:** _____

Previous episodes of presenting issue: (include precipitating event(s), variations of (symptoms/severity/duration/tx, etc)

_____

_____

_____

_____

Counseling and psychiatric history: (dates of tx, hospitalization, provider/tx and outcome, etc)

__Outpatient tx __IOP __Partial hospitalization __Inpatient hospitalization __Residential tx

Additional Info:_____

_____

_____

_____

_____

Chemical use history and treatments: (past/present use, age started to use and problem behavior include nicotine use)

Alcohol use: __no __yes __past If yes: frequency:_____ Quantity:_____

Drugs: __no __yes __past If yes: frequency Quantity/Drug type:_____

Nicotine: __no __yes If yes: Quanitity/duration:_____

Note any usage difference in the past and any other pertinent information:

_____

_____

_____

FaithWorks Counseling
10505 Wayzata Blvd, Suite 101
Minnetonka, MN 55305
Fx: 952-746-8128

ADULT INTAKE

Personal History
Diagnostic Assessment

Anchor Counseling
110 1st Street E.
Jordan, MN 55352
Fx: 952-492-7885

==========

Physical health: (any current/past illness/head injury. Adolescents include prenatal events, childhood diseases, dev. Issues)

_____

_____

_____

Other factors that impact client's life (e.g. cultural issues, military, spiritual and/or legal issues)

Legal issues: __No __Yes (describe if yes)_____

Military: __No __Yes (describe if yes)_____

Cultural issues: __No __Yes (describe if yes)_____

Spiritual beliefs/practices: _____

Intake/Diagnostic Assessment **Client: _____**

Abuse History)

Hx of abuse: __no __yes If yes: __physical __sexual __verbal/emotional **Legal Action**: __no __yes

By: _____

When: _____

Family Mental Health History: (include family hx of suicide/homicide**)** **:**

Maternal side: __depression __anxiety __bipolar __eating disorder __alcoholism __drugs __suicide

Paternal side: __depression __anxiety __bipolar __eating disorder __alcoholism __drugs __suicide

Additional information: (who, treatment, other diagnoses, etc.)

_____

_____

_____

Current Family and Significant Relationships: (Marital status, children, friendships, support people))

__Single __Widow/widower __Divorce __Married __Multiple Marriages (note details below) __Dating

__# Children: Sex/age/grade:_____

__# Step-children/half-children: Sex/age/grade:_____

FaithWorks Counseling
10505 Wayzata Blvd, Suite 101
Minnetonka, MN 55305
Fx: 952-746-8128

ADULT INTAKE

Personal History
Diagnostic Assessment

Anchor Counseling
110 1st Street E.
Jordan, MN 55352
Fx: 952-492-7885

==========

Who lives in the home with you:_____

If Female (ck if yes): __miscarriages __abortion (if yes, note # and when)_____

Friendships/support people:_____

_____

_____

Intake/Diagnostic Assessment **Client:_____**

Family of Origin Information :

Parents living: Dad __yes __no Mom __yes __no

Parents divorced: __yes __no If yes, client was how old: _____

If divorced remarried: Dad: __yes __no _____

Mom: __yes __no_____

Mom described as: _____

_____

Dad described as: _____

_____

Parent occupation: Dad_____ Mom _____

Sibling: _____

_____

Other: _____

_____

_____

Educational/Vocational/Social History: **:**

Highest level of education completed: _____

FaithWorks Counseling
10505 Wayzata Blvd, Suite 101
Minnetonka, MN 55305
Fx: 952-746-8128

ADULT INTAKE

Personal History
Diagnostic Assessment

Anchor Counseling
110 1st Street E.
Jordan, MN 55352
Fx: 952-492-7885

==========

Performance: Average grades/GPA: _____ Learning Disabilities: __no __yes: _____

Client's perspective on educational experience: _____

_____

Social/activity involvement in school: _____

Other (Dev. Issues during adolescent):_____

_____

Occupation/job history: Current employer/position:_____
