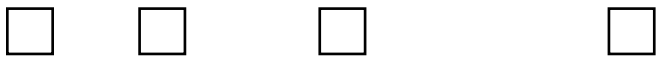

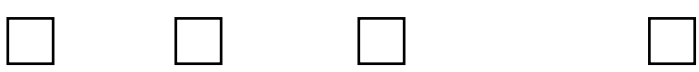

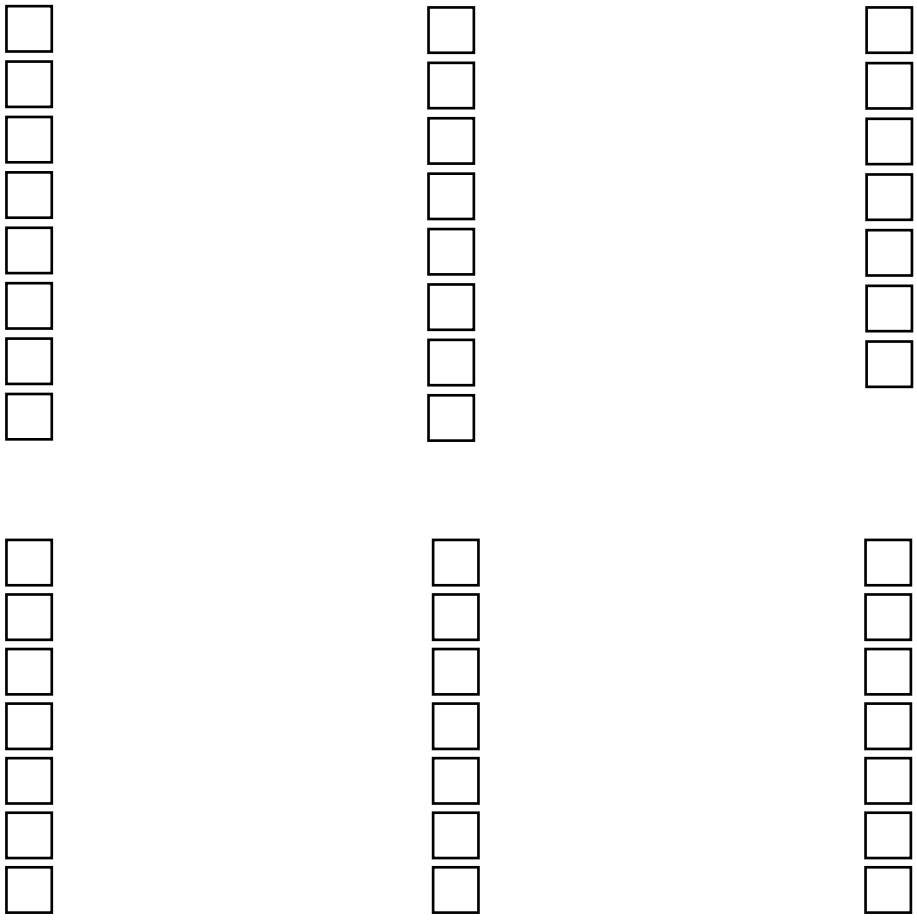

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Please list any medical or psychiatric conditions with which you (the patient) have been diagnosed:

Please list all prescription and non-prescription medications that you (the patient) take:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Relationship Status (check one):

☐ *Single* ☐ *Partnered* ☐ *Married* ☐ *Divorced* ☐ *Widowed*

Children?	Gender	Age	Health Status	School Status
	☐ M ☐ F	_____	_____	_____
	☐ M ☐ F	_____	_____	_____
	☐ M ☐ F	_____	_____	_____
	☐ M ☐ F	_____	_____	_____

Your Occupation: _____

Primary Sources of Stress at Work: _____

Primary Sources of Stress at Home: _____

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Health Habits:

Do you exercise regularly:	☐ *Y*	☐ *N*	What type of exercise:
Do you get regular check-ups:	☐ *Y*	☐ *N*	
Do you use caffeine:	☐ *Y*	☐ *N*	
alcohol:	☐ *Y*	☐ *N*	
tobacco:	☐ *Y*	☐ *N*	
drugs:	☐ *Y*	☐ *N*	

Family History: Please check any condition(s) present in a blood relative:

☐ alcoholism	☐ autism/Asperger's	☐ psychosis
☐ abuse	☐ bipolar disorder	☐ suicide
☐ anxiety	☐ depression	☐ trauma
☐ ADHD	☐ obsessive compulsive disorder	☐ violence

Family Health Status:

		Age	State of Health	Quality of Relationship
Father				
Mother				
Brothers	(1)			
	(2)			
	(3)			
Sisters	(1)			
	(2)			
	(3)			

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Patient Treatment History (approximate dates and type):

Serious Illness or Injury:

Surgeries:

Hospitalizations:

Prior Psychotherapies:

Prior Psychiatric Care:

I certify that the above information is correct to the best of my knowledge and recollection, and that I have not purposefully misrepresented my health history. I will not hold my doctors or any members of their staff responsible for errors or omissions that I may have made in completing this form.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____

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BEHAVIOR CHECKLIST

Patient's Name:_____

Person completing this form (check one): ☐ *Patient* ☐ *Parent* ☐ *Spouse/Partner* ☐ *Other*

Today's date: _____

Below is a list of characteristics and behaviors that some people have.
Beside each item, indicate how true that description is of the person you are describing, in your opinion.

	not at all	just a little	pretty much	very much
1. Physical restlessness	☐	☐	☐	☐
2. Mental restlessness	☐	☐	☐	☐
3. Easily distracted	☐	☐	☐	☐
4. Impatient	☐	☐	☐	☐
5. "Hot" or explosive temper	☐	☐	☐	☐
6. Unpredictable behavior	☐	☐	☐	☐
7. Difficulty completing task	☐	☐	☐	☐
8. Shifting from one task to another	☐	☐	☐	☐
9. Difficulty sustaining attention	☐	☐	☐	☐
10. Impulsive	☐	☐	☐	☐
11. Talks too much	☐	☐	☐	☐
12. Difficulty doing tasks alone	☐	☐	☐	☐
13. Often interrupts others	☐	☐	☐	☐
14. Doesn't appear to listen to others	☐	☐	☐	☐
15. Loses a lot of things	☐	☐	☐	☐
16. Forgets a lot of things	☐	☐	☐	☐
17. Engages in physically daring activities	☐	☐	☐	☐
18. Always on the go, as if driven by a motor	☐	☐	☐	☐