

SALVEO COUNSELING CENTER

17130 Avondale Way NE, Suite 114
Redmond, WA 98052
Phone 425-868-5777 Fax 425-440-3976

PATIENT HISTORY:

Name					Date				
Referred by					DOB			Age	
Height		Weight		Gender					
Primary reason for seeking services:									

Current symptom checklist:

- None:** This symptom not present at this time
- Mild:** Impacts quality of life, but no significant impairment of day-to-day functioning
- Moderate:** Significant impact on quality of life and/or day-to-day functioning
- Severe:** Profound impact on quality of life and/or functioning

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Depressed mood	[]	[]	[]	[]	Emotional/tearful	[]	[]	[]	[]	Irritable/snappy	[]	[]	[]	[]
Agitation	[]	[]	[]	[]	Poor sleep	[]	[]	[]	[]	Slowed down/sluggish	[]	[]	[]	[]
Fatigue/Low energy	[]	[]	[]	[]	Too much sleep	[]	[]	[]	[]	Social isolation	[]	[]	[]	[]
Poor grooming	[]	[]	[]	[]	Nightmares	[]	[]	[]	[]	Worthlessness	[]	[]	[]	[]
Hopeless	[]	[]	[]	[]	Excessive guilt	[]	[]	[]	[]	Grief/Loss	[]	[]	[]	[]
Mood Swings	[]	[]	[]	[]	Elated moods	[]	[]	[]	[]	Hypersexual	[]	[]	[]	[]
Rage episodes	[]	[]	[]	[]	Entitlement	[]	[]	[]	[]	Low Libido	[]	[]	[]	[]
Hyperactivity	[]	[]	[]	[]	Poor concentration	[]	[]	[]	[]	Disorganized	[]	[]	[]	[]
Dawdles/ waste time	[]	[]	[]	[]	Memory problems	[]	[]	[]	[]	Argumentative	[]	[]	[]	[]
Bullies/Intimidates	[]	[]	[]	[]	Impulsive	[]	[]	[]	[]	Feelings of abandonment	[]	[]	[]	[]
Cruel to animals/destructive	[]	[]	[]	[]	Excessive swearing	[]	[]	[]	[]	Disrupts family activity	[]	[]	[]	[]
Obsessive thoughts compulsive	[]	[]	[]	[]	Oppositional	[]	[]	[]	[]	Significant weight gain	[]	[]	[]	[]
Generalized anxiety	[]	[]	[]	[]	Suicidal thoughts	[]	[]	[]	[]	Overeating/bingeing	[]	[]	[]	[]
Panic attacks	[]	[]	[]	[]	Morbid thoughts	[]	[]	[]	[]	Purging/vomiting	[]	[]	[]	[]
Social anxiety	[]	[]	[]	[]	Self-mutilation	[]	[]	[]	[]	Laxative/diuretic abuse	[]	[]	[]	[]
Phobias/fears	[]	[]	[]	[]	GI Distress	[]	[]	[]	[]	Significant weight loss	[]	[]	[]	[]
Frequent Headaches	[]	[]	[]	[]	Body aches and pains	[]	[]	[]	[]	Food restricting	[]	[]	[]	[]
Hallucinations	[]	[]	[]	[]	Missing school or work	[]	[]	[]	[]	Loss of appetite	[]	[]	[]	[]
Delusions	[]	[]	[]	[]	Staring spells	[]	[]	[]	[]		[]	[]	[]	[]
Odd beliefs	[]	[]	[]	[]	Suicidal attempts	[]	[]	[]	[]		[]	[]	[]	[]
	[]	[]	[]	[]		[]	[]	[]	[]		[]	[]	[]	[]

SALVEO COUNSELING CENTER

17130 Avondale Way NE, Suite 114
Redmond, WA 98052
Phone 425-868-5777 Fax 425-440-3976

Substance Abuse:

Substance	Age	Last Used	Substance/Frequency & Amount	Current Use (Y/N)
Alcohol				
Marijuana				
Ecstasy, Cocaine, Crack				
Amphetamines				
Inhalants (e.g., glue, gas)				
Hallucinogens (e.g., LSD)				
Heroin				
Prescription pain meds				
Sedatives / sleeping pills				
Nicotine				
Caffeine/energy drinks				
Drug of choice				

Substance abuse treatment history:

- outpatient (age[s]_____)
- inpatient (age[s]_____)
- 12-step program (age[s]_____)
- Stopped on own (age[s]_____)

Consequences of substance abuse (check all that apply):

- Hangovers
- Withdrawal symptoms
- Sleep disturbance
- Binges
- Seizures
- Medical conditions
- Assaults
- Job loss
- Blackouts
- Tolerance changes
- Suicidal impulse
- Arrest
- Overdose
- School suspension
- Relationship conflicts

Treatment History:

Prior or current mental health diagnosis:
Previous Counseling:
Hospitalizations for mental health:
Have you ever attempted suicide:

Medication History (Current and past, Psychiatric):

Medication	Dose	Start Date	End Date	Target Symptoms	Medication Side Effects	Medication Effective? (Y/N)	Name of Prescriber

SALVEO COUNSELING CENTER

17130 Avondale Way NE, Suite 114
Redmond, WA 98052
Phone 425-868-5777 Fax 425-440-3976

Physical Health:

Describe current physical health:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Last physical exam date:
List name of primary care provider				
-Name:				
-Phone:				
-Clinic Name:				
List name(s) of specialists (if any)				
-Specialist Name:				
-Phone:				
-Clinic Name:				
-Specialist Name:				
-Phone:				
-Clinic Name:				

Current Medication:

Medication	Dose	Start Date	End Date	Target Symptoms	Medication Side Effects	Medication Effective? (Y/N)	Name of Prescriber
Allergies to Medications:							

Check all that apply:

Thyroid problem	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	anemia	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	Obesity	<input type="checkbox"/>		<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	headache	<input type="checkbox"/>		<input type="checkbox"/>
Seizures	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>		<input type="checkbox"/>

Women:

Regular Menstrual cycles? Y/N PMS Symptoms: Y/N
Are you currently pregnant? Y/N Planning pregnancy? Y/N

Social History:

Growing up were your parents (Check One)	<input type="checkbox"/> Divorced	<input type="checkbox"/> Never married	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
Current Relationship status (Check One)	<input type="checkbox"/> Divorced	<input type="checkbox"/> Never married	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
Number of past marriages or partnerships:	Number of children:			
Do you have any brothers or sisters?	<input type="checkbox"/> Y/N	If yes, how many		
What is the highest grade attended in school?				
Are you currently Employed? If yes, Where?				
What are some of your past jobs				
Which job were you at the longest?				
How long were you there?				

SALVEO COUNSELING CENTER

17130 Avondale Way NE, Suite 114
Redmond, WA 98052
Phone 425-868-5777 Fax 425-440-3976

Have any of your family members had any of the problems listed? If yes, please indicate which family member:	
Depression:	Bipolar Disorder:
Anxiety:	ADHD/Learning Disorder:
Schizophrenia:	Alcoholism:
Drug Addition:	Suicide:
Other:	