**Chat and Change**

**Comprehensive Intake**

**Date:**

**Referred by:**

**Others Present/Relationship**:

**Identifying Information: Male, Female DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_**

**Address:**

**Phone:**

**Living Situation:**

**Marital Status:**

**Employment:**

**Chief Compliant**

**History of Present Illness**

Onset of current symptoms:

Precipitating factors:

Severity, duration:

**General Mood Scale 1 to 10**: 1=very low, 10 very happy.

Clt report:

Depression

How do you feel most days most of the day?

Sad, empty, tearful, cry spells?

Do you feel a Loss of interest or pleasure in most activities you used to enjoy?

How is your appetite any significant weight gain or loss? “

How are you sleeping at night?

Do you find that you constantly move some part or your body or feel restless?

Do you find that you have a hard time moving or feel generally lethargic?

Do you have trouble concentrating or thinking?

How is your Energy/Motivation?

Are you more irritable than you know yourself to be?

Do you feel hopeful or hopeless are there times you feel worthless?

Do you feel a great deal of guilt?

Do you have any thoughts of Suicide/Suicidal Ideation?

Is there a Plan in Place: no plan in place?

Is there any current Intention to harm yourself?

Is there any current intention to harm others?

Have you ever attempted to harm yourself?

**Risk Factors:**

Harm to Self.

Harm: to others:

Need for a Crisis Safety Plan:

Suicide risk assessment:
Suicide risk factors:

Suicide protective factors:

Violence risk assessment:

Manic Episode:

A distinct period of abnormally and persistently elevated, expansive or irritable mood lasting at least 1 week:

Must include 3 of the following:

Inflated self-esteem or grandiosity (the quality or state of appearing or trying to appear more important or more valuable than is the case):

Decreased need for sleep:

More talkative than usual or pressure to keep talking:

Flight or ideas of subjective experience that thoughts are racing: denies

Distractibility:

Increase in goal directed activity:

Excessive involvement in pleasurable activities that have a high potential for painful consequences buying sprees, sexual indiscretion, foolish investments:

Delusional disorder: situations that occur in real life at least 1 mo duration not associated with schizophrenia: erotomataic another person of higher status is in love with individual, grandiose inflated worth, power, knowledge, identity, or special relationship to deity or famous persons

Jealous sexual partner is unfaithful, persecutory person is being malevolently treated, somatic some physical defect or general medical conditions:

Anxiety

Do you find that you worry excessively?

Is it difficult to control the worry?

Do you feel Restlessness or keyed d up or on edge?

Are you easily fatigued?

Do you have difficulty concentrating or mid going blank?

Do you find you are more irritable than usual?

Do you experience muscle tension?

How well do you sleep?

Recurrent Nightmares?

How long has this been occurring?

**Panic:** When asked about panic attacks client responded:

Last reported panic attack

Palpitations pounding hear accelerated hear rate:

Sweating:

Trembling shaking:

Shortness of breath:

Feeling of choking:

Chest Pain:

Nausea:

Dizziness lightheaded:

Derealization:

Fear of losing control:

Fear of dying:

Paresthesias:

Chill or hot flashes:

PTSD

Exposure to a traumatic event Recurrent / distressing recollections Recurrent / distressing dreams Flashbacks Distress at exposure to internal / external cues resembling the event Physiological reactivity on exposure to internal / external cues

Avoidance of thoughts / feelings / conversations related to trauma Avoidance of activities / place / people related to trauma Inability to recall aspects of trauma Markedly diminished interest / participation in activities Feelings of detachment / estrangement from others Restricted range of affect Sense of foreshortened future

Difficulty falling / staying asleep Irritability / outbursts of anger Difficulty concentrating Hyper vigilance Exaggerated startled response

 Duration is > one month

ADHD:

Often fails to give close attention to details:

Difficulty sustaining attention in tasks or play:

Often does not seem to listen when spoken to:

Often does not follow through with instructions fails to finish chores duties:

Difficulty organizing tasks and activities:

Often avoids dislikes or is reluctant to engage in tasks that require sustained mental effort:

Often loses things necessary for tasks or activities:

Easily distracted by extraneous stimuli:

Often forgetful of in daily activates:

Problem at home and at work:

Personality Disorder

Instability in interpersonal relationships Affective instability Impulsivity / anger Frantic efforts to avoid abandonment Recurrent suicidal behaviors / gestures / threats / self-mutilating behavior Chronic feelings of emptiness Excessive emotionality / attention seeking Grandiosity / need for admiration / lack of empathy Disregard for and violation of the rights of others Pattern of submissive and clinging behavior, excessive need to be taken care of Pattern of preoccupation with orderliness, perfectionism, and control Pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent Pattern of detachment from social relationships and a restricted range of emotional expression In close relationships, cognitive or perceptual distortions and eccentricities of behavior

**Brief Psychotic Disorder**: Presence of one or more: delusion, hallucinations, disorganized speech, grossly disorganized or catatonic behavior.

Delusions:

Hallucinations:

**Past Psychiatric History:**

Where, when, with whom:

Diagnosis:

Medications:

Previous Treatment:

Hospitalization:

Suicide attempts:

Substance Abuse TX:

Self Harm:

Eating Disorders:

**Family Psychiatric History** **Substance Abuse**

Father:

Mother:

Siblings

Brother

Sister

**Medical History:**

Medical conditions:

Medications:

Prescriber:

Disabilities:

Major Injuries:

Surgeries:

Allergies:

TB tested:

**Social and Cultural History**

Born and raised:

Childhood

Grade School

Junior HS

HS

Current:

Employment:

Military Service:

Religious affiliation:

Academia:

Legal considerations:

Abuse trauma history:

Sexual abuse

Physical abuse

Other

Current stressors:

STRENGTHS, SKILLS AND ABILITIES (AGE APPROPRIATE)\* 



Personal hygiene / grooming Performs household tasks Shops independently and prepares meals Communicates needs effectively; has listening skills Able to maintain benefits / health insurance Stable housing and independent housing Manages medications, usually keeps appts Literacy / basic math skills Uses public transportation or transportation needs met Manages symptoms of mental illness Practices healthy lifestyle: diet, sleep and exercise Recognizes and attends to medical needs Money management skills Maintains employment / volunteers Pursues interest outside the home Has supportive relationship with family.

Therapist comment:

**Natural Support System:**

Family/ friends:

Orgs clubs:

Hobbies:

Community resources:

Neighborhood:

Church activity:

**Drug & Alcohol use See report in social history**

 First Use Duration Current Use

Etoh

Marijuana

Cocaine

Meth

Opioids

Heroin

Other

Tobacco

**Initial Diagnostic Formulation:**

**Disposition/Plan:**