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Today's date: _____

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Nicknames: _____ Social Security #: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

Cell Phone: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

B. Referral: Who gave you my name to call?

Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? Yes No

How did this person explain how I might be of help to you? _____

Chief Concern:

Please describe the main difficulty that has brought you to see me: _____

C. Religious and racial/ethnic identification:

Current religious denomination/affiliation Protestant Catholic Jewish Other _____

Involvement: None Some/irregular Active

How important are spiritual concerns in your life? _____

Ethnicity/ National Origin? Race: _____ or other way you identify yourself and consider important: _____

D. Your medical care: From whom or where do you get your medical care?

Doctor's name: _____ Phone: _____ Address: _____

Please discuss your medical history and any Important medical concerns that you have: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? Yes No

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before? No__ Yes

If yes, please Indicate:

When?	From Whom?	For What?	With what results?
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Have you ever taken medications for psychiatric or emotional problems? No___ Yes___ If yes, please list:

When?	From Whom?	Which meds?	For what?	With what results?
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E. Your current employer: _____ Address: _____

Work phone: _____ or other means of communication _____

Calls will be discreet, but please indicate any restrictions: _____

F. Your education and training

Dates	Schools	Special classes? Adjustment to school	Did you graduate?
From	To		

G. Employment and military experiences

Dates	Name of employers	Job title or duties	Reason for leaving
From	To		

Emergency Information: If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

Address: _____

Significant other/nearest friend or relative not residing with you: _____

H. Family-of-origin history

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Father					
Mother					
Brothers					
Sisters					
Stepparents					
Grandparents					
Uncles/aunts					

Others

Relationships In your family of origin:
Please describe the following:

1. Your parents' relationship with each other: _____

2. Your relationship with each parent and with any other adults present: _____

3. Your parents' medical problems, drug or alcohol use, and mental or emotional difficulties: _____

4. Your relationship with your brothers and sisters, In the past and present: _____

I. Marital/relationship history

Spouse's name: (Both of you're ages during the marriage) If no longer together, has spouse remarried?

First

Second

Third

How do you get along with your present spouse or partner? _____

How do you get along with your children? _____

J. Significant non-marital relationships:

First name of other person Your age at time of relationship/other's age Reasons for ending

First

Second

Third

Current

K. Children: (Indicate those from a previous marriage or relationship with "P" in the last column.)

Current

Name	Age	Sex	School	Grade	Adjustment problems?	P?
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L. Abuse history:

I was not abused in any way. I was abused.

If you were abused, please indicate the following. For kind of abuse, use these letters: P = Physical, such as beatings. S = Sexual, such as touching/molesting, fondling, or intercourse. N = Neglect, such as failure to feed, shelter, or protect. E = Emotional, such as humiliation, etc.

Your age	Kind of abuse	By whom?	Effects on you?	Whom did you tell?	Consequences of telling?
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M. Chemical use

1. How many cups of regular coffee do you drink each day? ____ How many cups of tea? ____ . How many sodas/pop with caffeine (Coke, Pepsi, Mountain Dew, Dr. Pepper, Orange Crush, etc.)? ____ How many "energy drinks"? ____ How often do you use No Doz or similar caffeine pills? _____ .

2. How much tobacco do you smoke or chew each week? _____

3. Have you ever felt the need to cut down on your drinking? No Yes

4. Have you ever felt annoyed by criticism of your drinking? No Yes

5. Have you ever felt guilty about your drinking? No Yes

6. Have you ever taken a morning "eye-opener"? No Yes

7. How much beer,wine,or hard liquor do you consume each week,on the average?

8. Are there times when you drink to unconsciousness, or run out of money as a result of drinking? No Yes
9. Have you ever used inhalants ("huffing"), such as glue, gasoline, or paint thinner? No Yes If yes, which and when? _____
- Which drugs (not medications prescribed for you) have you used in the last 10 years? _____
- _____
- _____

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, their effects, and so forth:

N. Legal history

1. Are you presently suing anyone or thinking of suing anyone? No Yes. If yes, please explain:
- _____
- _____
- _____

2. Is your reason for coming to see me related to an accident or injury? No Yes If yes, please explain:
- _____
- _____
- _____

3. Are you required by a court, the police, or a probation/parole officer to have this appointment? No Yes. If yes, please explain: _____
- _____
- _____

(cont.)

4. List all the contacts with the police, courts, and jails/prisons you have had. Include all open charges and pending ones. Under "Jurisdiction," write in a letter: F = federal, S = state, Co = county, Ci = city. Under "Sentence," write in the time and the type of sentence you served or have to serve (AR = accelerated or alternate resolution, CS = community service, F = fine, I = incarceration, Pr = probation, Po = parole, O = other, R = restitution).

Date	Charge(s)	Jurisdiction (F,S,C,Ci)	Sentence (AR, I, Pr, Pa)	Probation/parole officer's name	Your attorney's name
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5. Your current attorney's name: _____ Phone: _____

6. Are there any other legal involvements I should know about? _____

O. Is there any other information you think I should know?

P. Please discuss what you are hoping to accomplish in therapy.

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.