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**DATE:** , 2017

# PRESCREEN

## for DEPENDENT CLIENTS

| | | | |
|---|---|---|---|
| **Name** *(Last, First, M.I.)*: | | ☐ F ☐ M | **DOB**: |
| **Address:** | | **Phone:** | |
| **Legal status:** | ❑ Minor ❑ Adult under guardianship | **Guardian's Name:** | |
| **Primary Care MD:** | | **Referral Source:** | |
| **Insurance:** | | **Member ID:** | |

## CHIEF COMPLAINT & HISTORY OF PRESENTING PROBLEM

## LIST OF SYMPTOMS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Depressed Mood | | Unexplainable Weeping | | Excessive worrying | | Distrust |
| | Shortness of breath | | Restlessness or fidgety | | Fatigue or low on energy | | Hallucinations |
| | Frequent headaches | | Nervousness | | Inflated self-esteem | | Confusion |
| | Legal problems | | Racing thoughts | | Gastrointestinal problems | | Irritability |
| | Impulsivity | | Work/School problems | | Rapid heart beat | | Nightmares |
| | Overeating | | Emotionally numb | | Fear of losing control | | Flashbacks |
| | Blackouts | | Phobia or fears | | Fear of illness or dying | | Loneliness |
| | Low Self-esteem | | Interpersonal conflict | | Feelings of shame or guilt | | Hyperventilating |
| | Excessive sleep | | Memory impairment | | Marriage/Family Problems | | Poor appetite |
| | Numbness or tingling | | Sexual acting out | | Disassociating from self | | Dizziness |
| | Angry outbursts | | Trembling or shaking | | Fear of intimacy | | Insomnia |
| | Sexual Dysfunction | | Secretive/bizarre behavior | | Poor concentration | | Stress |
| | Obsessive thoughts | | Social withdrawal | | Cravings for Drugs/Alcohol | | Repetitive Rituals |
| | Weight loss | | Oppositional behavior | | Disassociating from environment | | Risky behavior |

## TREATMENT HISTORY

| Year | Reason | Hospital or Agency |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| MEDICAL INFORMATION | | | |
|---|---|---|---|
| **Name the Drug** | **Strength** | **Frequency Taken** | **Side Affects** |
| | | | |
| | | | |
| | | | |
| **Allergies:** | | | |
| | | | |

| | | | | | |
|---|---|---|---|---|---|
| ☐ | **Skin disorder** | ☐ | **Heart or circulation problem** | ☐ | **RECENT CHANGE IN ANY BELOW:** |
| ☐ | **History of head injury** | ☐ | **Severe chronic pain** | ☐ | **Weight** |
| ☐ | **Multiple sclerosis** | ☐ | **Hormonal imbalance** | ☐ | **Control of bladder or boweL** |
| ☐ | **Thyroid/adrenal gland problm** | ☐ | **Viral or bacterial infection** | ☐ | **B vitamin level** |
| ☐ | **Epilepsy** | ☐ | **Cancer** | ☐ | **Hormone balance** |
| ☐ | **Stroke** | ☐ | **Recent pregnancy** | ☐ | **Other pain/discomfort:** |
| **OTHER MEDICAL PROBLEMS:** | | | | | |
| | | | | | |
| | | | | | |

| FAMILY HISTORY | | | | | |
|---|---|---|---|---|---|
| **NOTE IF STEP OR ADOPTIVE** | **MENTAL HEALTH & SUBSTANCE ABUSE HISTORY** | **SIBLING NAMES** | **SEX** | **AGE** | **MENTAL HEALTH & SUBSTANCE ABUSE HISTORY** |
| **Mother** | | | ☐ **F** ☐ **M** | | |
| **Father** | | | ☐ **F** ☐ **M** | | |
| **Grandmother** *Maternal* | | | ☐ **F** ☐ **M** | | |
| **Grandfather** *Maternal* | | | ☐ **F** ☐ **M** | | |
| **Grandmother** *Paternal* | | | ☐ **F** ☐ **M** | | |
| **Grandfather** *Paternal* | | | ☐ **F** ☐ **M** | | |

| LEGAL HISTORY | | | | |
|---|---|---|---|---|
| Do you have any outstanding warrants? | Yes ☐ No☐ | Upcoming trial? | ☐ Yes ☐ No | **Trial date:** |
| **CRIME** | **ARRESTED?** | CONVICTED? | IMPRISONED? | LENGTH OF PAROL? |
| | Yes ☐ No☐ | Yes ☐ No☐ | __ mnths __ yrs | __ mnths __ yrs |
| | Yes ☐ No☐ | Yes ☐ No☐ | __ mnths __ yrs | __ mnths __ yrs |

| EDUCATIONAL HISTORY | | |
|---|---|---|
| **CURRENT GRADE:** | **GPA:** | **GRADES REPEATED:** |
| **SOCIAL ADJUSTMENT:** | | |
| | | |
| **ACADEMIC PERFORMANCE:** | | |
| | | |
| **BEHAVIORAL PROBLEMS:** | | |

| **BEHAVIORAL PROBLEMS:** | |
|---|---|
| | |

## SPIRITUAL HISTORY

PLEASE WRITE ABOUT YOUR RELIGIOUS UPBRINGING AND SPIRITUAL JOURNEY AND HOW THIS EFFECTS YOUR CURRENT SITUATION.

If you were to die today and (proverbally) meet St. Peter at the pearly gates, and he asked you why should should be accepted into heaven, how would you respond?