



1911 Keller Andrews Road

Sanford, NC 27330

919.777.9355

www.wellcenteredcounseling.com

Today's date: _____

Patient Information:

Individual Name: _____ Date of Birth: _____ Age: _____
(first) (last)

Gender M/F Ethnicity (optional): _____

Name of Person completing this form: _____

Relationship to individual: _____ Years known: _____

Residence of child: (circle) Biological parents Adoptive parents Foster parents PCS Home
Other: _____

Patient Contacts:

Mother's name: _____ Age: _____
(first) (last)

Father's name: _____ Age: _____
(first) (last)

Marital Status of Parents: (circle) Married Divorced Separated Widowed

Mother's Address: _____
(street) (city) (state) (zip code)

Father's Address: _____
(street) (city) (state) (zip code)

Contact phone number:

Name/Relationship: _____ Number: _____

Who has legal/physical custody?

Type: _____

Presenting Problem:

What concerns you most about this individual?

When did you first notice this problem?

How has this problem affected his/her functioning?

At home:

At school/work:

Community:

Do you have other concerns you want addressed?

What are your goals/expectations for treatment?

Have you recently worried that your child has (please circle items relevant to your child):

- | | | |
|-----|----|--|
| Yes | No | DEPRESSION (sad, irritable, hopeless, poor sleep, crying, social withdrawal/isolative behaviors, lack of interest in things, etc.) |
| Yes | No | MOOD SWINGS (energetic, little sleep, pleasure seeking, racing thoughts, too talkative, inappropriate sexual behaviors, grandiose, etc.) |
| Yes | No | ANXIETY (worries, restless, scared, poor sleep, obsessive thoughts and/or compulsive behaviors, frequent complaining of headaches and/or stomach aches, frequent school absences, etc.) |
| Yes | No | BEHAVIORAL PROBLEM (fights, anger, arguing, truancy, destruction of property, fire setting, etc.) |
| Yes | No | ATTENTION/HYPERACTIVITY PROBLEM (difficulty sustaining attention, hyperactive, impulsive, distractibility, not completing tasks) |
| Yes | No | ABNORMAL EATING BEHAVIORS (too much, too little, fear of weight gain, distorted body image, over exercising, etc.) |

Please list this individual's current psychiatric medications.

| <i>Name</i> | <i>Dosage</i> | <i>Duration</i> | <i>Response</i> |
|-------------|---------------|-----------------|-----------------|
|-------------|---------------|-----------------|-----------------|

Please list this individual's current non-psychiatric medications.

| <i>Name</i> | <i>Dosage</i> | <i>Duration</i> | <i>Response</i> |
|-------------|---------------|-----------------|-----------------|
|-------------|---------------|-----------------|-----------------|

Please list all the psychiatric medications that have been tried in the past

| <i>Name</i> | <i>Highest Dosage</i> | <i>Duration</i> | <i>Response</i> | <i>Reason for Stopping</i> |
|-----------------------|-----------------------|-----------------|-----------------|----------------------------|
| Example: Dexedrine | 5 mg twice daily | 09/98-11/98 | good | poor sleep |

Drug and Alcohol History:

| Substance | Date of last use | Problems related to use | | Treatment required | |
|--|-------------------------|--------------------------------|-----------|---------------------------|-----------|
| | | Yes | No | Yes | No |
| Benzodiazapenes (Valium, Xanax, Ativan) | | | | | |
| Alcohol | | | | | |
| OTC - Over the counter (Benadryl, Nyquil, Dramamine) | | | | | |
| Designer Drugs (Club Drugs: G, Ecstasy) | | | | | |
| Cocaine/Crack | | | | | |
| Opiates/Methadone (Vicodin, OxyContin, Heroin) | | | | | |
| Methamphetamines (Speed, Ice, Ritalin) | | | | | |
| Hallucinogens (Marijuana/LSD/Mushrooms) | | | | | |
| Inhalants (Gasoline, Glue, Aerosol) | | | | | |
| Steroids | | | | | |
| Tranquilizers | | | | | |
| Sleeping Pills | | | | | |
| Diet Pills | | | | | |

Tobacco Use none or Amount per day:

Is there anything else we should know about any drug history?

Social History:

Is your child your biological child? Yes No

If no, at what age was he/she adopted? _____

Is there any contact with their biological parent(s)? _____

Where was your child born and raised? _____

Has your child moved a number of times? Yes No

If yes, please list their age at time of move and location:

Parents: (Including Step-Mother and Step-Father, if applicable)

| <i>Name</i> | <i>Education</i> | <i>Occupation</i> | <i>Hrs/Wk</i> | <i>Relationship with Child (quality)</i> |
|-------------|------------------|-------------------|---------------|--|
|-------------|------------------|-------------------|---------------|--|

Please list the other children in the family and other household members who may also be living in your home:

| <i>Name</i> | <i>Age</i> | <i>Lives at Home?</i> | <i>Relation to Child</i> | <i>Relationship with Child</i> |
|-------------|------------|-----------------------|--------------------------|--------------------------------|
|-------------|------------|-----------------------|--------------------------|--------------------------------|

Abuse History:

Has your child ever been the victim of abuse or neglect? Yes No

If yes, what was the nature of the abuse? (Please circle all that apply.)

| | | | | | | |
|----------|-----------|---------|-----------|-----------|--------|---------------------|
| Physical | Emotional | Neglect | Accidents | Disasters | Sexual | Witnessing violence |
|----------|-----------|---------|-----------|-----------|--------|---------------------|

Other: _____

Are you struggling with your marital relationship or parenting? Yes No

If yes, please describe:

Has your child ever been involved with the following?:

- | | | |
|-----|----|--|
| Yes | No | Child Protective Services |
| Yes | No | Children's Mental Health |
| Yes | No | Probation/Juvenile Probation/Detention |
| Yes | No | Boys and Girls Club |
| Yes | No | Youth Services |
| Yes | No | Head Start |
| Yes | No | Early Intervention Services (ages 0-3) |

Educational History:

Where does your child attend school? _____

In what grade level is he/she? _____

What are his/her typical grades? _____

What are your child's academic strengths? _____

Academic weaknesses? _____

Has there been a change in your child's performance at school? Yes No

If yes, please describe:

Has your child received IQ or Academic testing? Yes No

If yes, what were the results? _____

Does or has your child participated in any of the following?

- | | | |
|-----|----|--|
| Yes | No | Resource |
| Yes | No | Accelerated or Honors programs |
| Yes | No | 504 Plan |
| Yes | No | Individual Education Plan (IEP) |
| Yes | No | Virtual Academy |

Has your child had problems with any of the following?

- | | | |
|-----|----|-----------------------|
| Yes | No | Truancy |
| Yes | No | Fights |
| Yes | No | Absenteeism |
| Yes | No | Detention |
| Yes | No | Suspension |
| Yes | No | School refusal |

What are your child's favorite activities? _____

Peers:

Does your child have quality relationships with other children? Yes No

If no, please explain:

Culture:

Do you have a religious preference in the household? Yes No

If yes, what is that preference? _____

Has your child experienced any problems related to race, religion, or culture? Yes No

If yes, please explain: _____

TEEN/YOUNG ADULT SECTION

Do you have any concerns regarding your adolescent's friendships? Yes No
(Please circle all that apply.)

Too old Too young
Too many Too few

Truant (explain): _____

Gang(explain): _____

Fringe(explain): _____

Drug/alcohol use(explain): _____

Violence(explain): _____

Sexual Promiscuity(explain): _____

Too much time together(explain): _____

Other _____

Has your adolescent had a recent change in friendships? Yes No If yes, what changes, if any are concerning to you?

Are you concerned that your adolescent is using (or has used) drugs (including over the counter medicines) or alcohol? Yes No

If yes, please describe: _____

Are you concerned about your child's sexual activities? Yes No

Is your adolescent sexually active? Yes No

Does your adolescent have a job? Yes No

Has your adolescent's behavior ever resulted in police, detention, or court involvement? Yes No

If yes, please explain: _____

Is there anything else you would like us to know about your child?

Adderall® (dextroamphetamine + amphetamine)
Abilify® (aripiprazole)
Adipex-P® (phentermine)
Ambien® (zolpidem)
amitriptyline (Elavil®)
Amoxapine
Antabuse® (disulfiram)
Anafranil® (clomipramine)
Aricept® (donepezil)
Ativan® (lorazepam)
Aventyl® (nortriptyline)
Benadryl® (diphenhydramine)
Buspar® (buspirone)
Carbatrol® (carbamazepine)
Catapres® (clonidine)
Celexa® (citalopram)
Chloral hydrate
Clozaril® (clozapine)
Cogentin® (benztropine)
Concerta® (methylphenidate)
Cymbalta® (duloxetine)
Cylert® (pemoline)
Dalmane® (flurazepam)
Depakote®/Depakene® (valproic acid/valproate)
Dexedrine® (dextroamphetamine)
Didrex® (benzphetamine)
Dilantin® (phenytoin)
Dolophine®/Methadose® (methadone)
Effexor XR® (venlafaxine)
Elavil® (amitriptyline)
Ephedra®
Eskalith® (lithium)
Evening primrose oil
Focalin® (dexmethylphenidate)
Gabitril® (tiagabine)
Geodon® (ziprasidone)
Ginkgo biloba
Ginseng
Halcion® (triazolam)
Haldol® (haloperidol)
imipramine (Tofranil®)
Inderal® (propranolol)
Keppra® (levetiracetam)
Klonopin® (clonazepam)
Lamictal® (lamotrigine)
Lexapro® (escitalopram)
Librium® (chlordiazepoxide)
Lithobid® (lithium)
Loxitane® (loxapine)
Luminal® (phenobarbital)
Luvox® (fluvoxamine)
Melatonin
Mellaril® (thioridazine)
Marplan® (isocarboxazid)
Meridia® (sibutramine)
Metadate® (methylphenidate)
Methylin® (methylphenidate)
Moban® (molindone)
Mysoline® (primidone)
Nardil® (phenelzine)
Navane® (thiothixene)
Neurontin® (gabapentin)
Norpramin® (desipramine)

nortriptyline (Pamelor®)
Omega fatty acids
Orap® (pimozide)
Pamelor® (nortriptyline)
Parnate® (tranylcypromine)
Paxil® (paroxetine)
Periactin® (cyproheptadine)
Prolixin® (fluphenazine)
propranolol (Inderal®)
ProSom® (estazolam)
protriptyline (Vivactil®)
Provigil® (modafinil)
Prozac® (fluoxetine)
Remeron® (mirtazapine)
Restoril® (temazepam)
ReVia® (naltrexone)
Risperdal® (risperidone)
Ritalin® (methylphenidate)
SAM-e
Saint john's wort
Sarafem® (fluoxetine)
Serax® (oxazepam)
Seroquel® (quetiapine)
Serzone® (nefazodone)
Sinequan® (doxepin)
Sonata® (zaleplon)
Stelazine® (trifluoperazine)
Strattera® (atomoxetine)
Subutex® (buprenorphine)
Suboxone® (buprenorphine + naloxone)
Symbiax® (olanzapine + fluoxetine)
Tegretol® (carbamazepine)
Tenex® (guanfacine)
Tenuate® (diethylpropion)
Thorazine® (chlorpromazine)
Tofranil® (imipramine)
Topamax® (topiramate)
Tranxene® (clorazepate)
trazodone (Desyrel®)
Trilafon® (perphenazine)
Trileptal® (oxcarbazepine)
Valerian
Valium® (diazepam)
Vistaril® (hydroxyzine)
Wellbutrin® (bupropion)
Xanax® (alprazolam)
Zarontin® (ethosuximide)
Zoloft® (sertraline)
Zonegran® (zonisamide)
Zyprexa® (olanzapine)
Zydis® (olanzapine)