

PSYCHOSOCIAL INTAKE EVALUATION

Presenting Problem/Reason For Evaluation and/or Testing:

Prior Treatment (for Presenting Problem), if any:

A. Medical/Psychiatric Care-

Name of current physician, telephone #:

Date of most recent medical evaluation or physical exam:

Current or past significant medical problems/ hospitalizations:

Current medications:

Current use of alcohol/medication/social drugs:

Last date of use (alcohol/medication/social drugs):

B. Psychological/Therapy -

C. Prior 12 Step experience-

D. Known relapse triggers-

Recent Stressors:

Social and Family History:

A. Birthplace/Primary Residence:

B. Parents- alive/deceased - pt's age if deceased, occupations, current location. married/separated/divorced – (pt's age if sep or div):

C. Siblings-ages, occupations, current location, married/separated/divorced, children:

D. Marriage/Significant Others/Partner/s: date/s of marriage/divorce, length of time in relationships

E. Children/Stepchildren:

F. Significant Friendships: (“Who knows you’re here to see me?” “Who do you talk with at least once weekly?”)

Current Living Situation:

Childhood Developmental Issues:

Please highlight any of the following which apply to you or your family:

Drug/alcohol problems Compulsive behaviors: food, money, sex, gambling, work, other
Twelve step programs Suicidal/homicidal Stress Anxiety Depression Mental illness
Physical/sexual/emotional abuse Domestic violence Rape Criminal/ legal problems
Dysfunctional marriage/family Miscarriage Adoption Abortion Debt/ Money problems

Cultural Background/Cultural Concerns:

Spiritual Attitudes/Beliefs:

Current and Past Hobbies/Pursuits/Self-Care:

- A. List all present and past non-academic pursuits (dating back to high school)

- B. Number of years involved (age X-age X) in each past/current activity

- C. Number of hours/week spent outside of work and activities at present time:
 - i. Individual pursuits:
 - ii. Family/Significant Other pursuits:
 - iii. Social (small or large group) pursuits:
 - iv. Physical/exercise:
 - v. Sleep habits (avg. # hours/night, interrupted vs. continuous, usual time to bed/awake)

 - vi. Eating habits (# “regular” meals/day, # snacks/day, types of foods usually eaten, etc.)

 - vii. “Vices” – smoking, gambling, shopping, eating, drinking, sex (internet, strip clubs etc.)

Meaningful/Important/Critical Events and/or Trauma History:

- A. Childhood
- B. Adolescence
- C. College and Graduate School
- D. Jobs/Other Training
- E. Relationships

Any History of Emotional, Mental, Sexual, Physical, or Spiritual Abuse?

Intimate Relationship History

List all meaningful/important intimate relationships you have had in chronological order. Please note how long each relationship has lasted and how/why each relationship ended. Please identify all important relationships (even if they were brief), including your first sexual experience and first sexual partner.

Academic History (grades, social networks, significant problems):

- A. Elementary School:
- B. High School:
- C. College:
- D. Graduate School:
- E. Other Training:

Occupational History: (any past places, type/s of work, dates worked --- through the present time/most recently)

- A. "Regular" work day schedule -
 - Usual time you begin and end work/hospital rounds/office or clinic hours
 - Average number of hours worked per day
 - Average number of hours worked per week

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B. Vacations:

When was your last vacation of at least 3 days – when/where/with whom
When was your last vacation of at least 10 days – when/where/with whom
When was your last vacation that was not part of a conference

C. Problems at work-

Staff or client/patient complaints
Problems with peers/admin
Any disciplinary issues or disruptive behavior issues

D. Current job title –

Length of time at current job -
Current salary -

Current financial situation:

- a. Able to meet current financial obligations with current income
- b. Current credit card debt
- c. Other debts (not house or car)

Legal History:

- a. DUI
- b. Arrests/felonies/misdemeanors
- c. Number and type of traffic tickets in past 5 years
- d. Malpractice cases (dates and final disposition)
Current Malpractice Carrier
Past Malpractice Carrier
- e. Board (Medical/Dental/Pharmacy etc.)/Bar/Professional Licensing issues
- f. Other disciplinary issues
- g. Any formal or informal behavioral reprimands
- h. Bankruptcy or other financial issues

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Military History:

COLLATERAL CONTACT INFORMATION:

If I have requested this of you, all available collateral contacts (with signed Releases) should be made within 1 week of the evaluation period if possible. These outside information sources will help demonstrate that your information is accurate and reliable. Please write down name/s and telephone numbers here, and complete a signed Release Form for each person you list here, including their telephone and address. I will need at least 5 names of people you think know you well (ideally for more than 5 years).

1. Current Spouse/Partner/Significant Other/Girl-Boyfriend-
2. Prior Spouse/Partner/Significant Other/Girl-Boyfriend-
3. Children (adolescent or adult)-
4. Referral Source-
5. Professional peers/friends (same specialty and/or same office)-
6. Long-term friends (ideally from childhood and/or early adolescence)-
7. Any prior treatment providers (therapist/s, psychiatrist/s, in- or outpatient tx staff)-
8. Any current healthcare providers-
9. Attorney-

Please attach and/or send any supporting documentation available (police reports, court documents, discharge summaries etc.) If indicated, you may have your attorney do this.