

Demographic Information
C.A. Childress, Psy.D., PSY 18857

Name

Address

City State/Province Postal Code

Country

Home Phone Cell Phone

Email

Emergency Contact Person

Please provide the name and phone number of a local-area contact person in case of emergency

Name Phone

Relationship

Presenting Problem and Goal

Briefly describe the problem or issue:

Briefly describe the goal or outcome you would like to achieve:

Dangerousness

Please identify any dangerousness concerns

Suicide

Child Abuse

Spousal Abuse

Assault-Aggression

Substance Abuse

None

Family structure

Single

Single and live alone

Single and live with family

Single and live with others

Intact Family: Married & Partnered

Married

Committed partner

Duration?

Separated Family: Divorced & Separated

Divorced, not remarried or repartnered

Divorced, remarried or repartnered

Are there step-children?

Yes

No

Deceased Loss: Widowed or Deceased Partner

Widowed or deceased partner, not remarried or repartnered

Widowed or deceased partner, remarried or repartnered

Spousal Partner

Current Spouse/Partner (if applicable):

Name Phone
Year of Marriage

Prior Spouse/Partner (if applicable)

Name Phone
Year of Marriage Year of Divorce

Children:

Name Age Date of Birth
Relevant information?

Name Age Date of Birth
Relevant information?

Name Age Date of Birth
Relevant information?

Name Age Date of Birth
Relevant information?

Name Age Date of Birth
Relevant information?

Psychiatric History

Are there any psychiatric diagnoses in the family?

Bipolar

Who?

Schizophrenia

Who?

Depression

Who?

Anxiety

Who?

PTSD/trauma

Who?

ADHD

Who?

Autism

Who?

Other

What?

Who

Medical Factors

Are there any relevant medical illnesses or factors?

Legal Factors

Are there any relevant litigation or legal factors?

Additional Factors

Are there any additional issues of concern?