

BEHAVIORAL HEALTH INFORMATION

What services are you seeking? _____ Therapy _____ Med Management _____ Skills Training

What is the main reason you're seeking services at this time? _____

Please mark any concerns you or your child have in the following areas.
(Select only those that apply to the client).

- | | | |
|-----------------------------|-----------------------------|--|
| _____ sad, depressed | _____ often fearful, afraid | _____ thoughts of suicide |
| _____ cry easily | _____ easily startled | _____ nightmares |
| _____ mood swings | _____ feel overwhelmed | _____ flashbacks |
| _____ can't sleep | _____ worry often | _____ can't remember things |
| _____ sleeping too much | _____ feel stressed | _____ can't concentrate |
| _____ tired often | _____ feel worthless | _____ hyperactivity |
| _____ muscle tension | _____ easily angered | _____ problems learning |
| _____ can't eat | _____ aggression | _____ hearing voices |
| _____ eating too much | _____ irritability | _____ seeing things that are not there |
| _____ feel anxious, nervous | _____ obsessive behaviors | _____ alcohol/drug use |
| _____ panic/anxiety attacks | _____ self harm behaviors | |

The following symptoms affect or may be affected by your (or your child's) behavioral health needs. Please check if any of the following are currently affecting your life.

- | | | |
|-------------------------------|--------------------------------|------------------------------------|
| _____ moving | _____ child with special needs | _____ divorce |
| _____ housing concerns | _____ abuse in family | _____ relationship concerns |
| _____ homeless | _____ domestic violence | _____ pregnancy |
| _____ job loss | _____ alcohol/drugs in family | _____ physical health concerns |
| _____ death/grief | _____ concerns about a parent | _____ legal issues/criminal record |
| _____ concerns about children | _____ family conflicts | |

Are you (or your child) currently taking any medications? Yes ___ No ___

If yes, what? _____

Other concerns or issues: _____
