

# Family Psychiatric Center LLC

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## INTAKE ASSESSMENT

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

### Presenting Problem/History of Present Illness:

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### Presenting Symptoms:

Anxiousness	Sexual Victim/Perpetrator	Disruption of thought Process/content	Emotional/physical victim/perpetrator
Depressed Mood	Decreased Energy	Hyperactivity	Grief
Hopelessness	Delusions	Worthlessness	Hallucinations
Guilt	Paranoia	Panic Attacks	Oppositionalism
Impulsiveness	Irritability	Elevated Mood	
Somatic Complaints	Obsessions/Compulsions		Dissociative States

Concomitant Medical Condition \_\_\_\_\_

Symptoms have been present for:    Less than 1 month    1-6 months    7-11 months    more than 1 year

### Social and Family History

Place of birth \_\_\_\_\_ Where did you grow up \_\_\_\_\_

List prior marriages and dissolutions (divorce, death) and the dates they occurred:

Spouse's Name                      Date Married                      Date Dissolved

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List activities or interests enjoyed with other people: \_\_\_\_\_

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List social organizations to which you belong (clubs, church, civic organizations, etc.)

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