

Please list all previous or current counseling and psychotherapy services including hospitalizations:

Service Provider/ Agency / hospital _____

List any medical conditions for which you have received treatment within the past year: _____

List current medications: _____

Primary Care Physician's Name: _____ Date of last physical: _____

Address: _____

Phone: () _____ Fax: () _____

Psychiatrist's Name: _____ Date of last visit: _____

Address: _____

Phone: () _____ Fax: () _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

By signing where indicated I authorize release of the following medical information to the Health Care Practitioner(s) named above. **Check and sign all that apply:**

Mental Health Diagnosis _____ Progress in Treatment _____
Signature Signature

Other information: _____
Information to be shared Signature

OR

I do NOT wish to have information shared with:

My PCP/Family Physician _____ My psychiatrist _____
Signature Signature

Are you currently involved in any legal matters that could require that Dr. Sidberry be asked to provide records or testimony to a judicial authority? Yes: No: Explanation: _____

Please describe the concerns that have led to your decision to receive services: _____

CONCERN CHECKLIST

Please use the following scale to rate the level of your concern regarding the issues listed below:

- | | |
|----------------------|---------------------------|
| 0 – No Concern | 3 – High level of concern |
| 1 – Minimal concern | 4 – Extremely concerned |
| 2 – Moderate concern | |

Alcohol or drugs _____

Anxiety, fear, worries: _____

Breakup or loss of relationship: _____

Concentration Problems: _____

Death or impending death of loved one: _____

Depression: _____

Eating Problems (binging, fasting): _____

Finances: _____

Head Injury: _____

Hopelessness: _____

Impulsivity: _____

Irritability, anger, hostility: _____

Loneliness: _____

Physical/health problems: _____

Problem Pregnancy: _____

Procrastination/getting motivated: _____

Rape/sexual assault: _____

Relationship (marital, romantic): _____

Suicidal Thoughts: _____

Other (Specify): _____