

What is the most violent thing you have ever done?

Are you thinking of hurting yourself or anyone else now?

What is the most impulsive thing you have every done?

Has a release been obtained to contact prior therapists? _____

Prior Therapist: _____

Prior Therapist _____

Last physical examination date: _____

Physician: _____

List current medical problems: _____

Current medications: _____

Medications that worked: _____

Medications that did not work: _____

Over the counter medications: _____

Illicit drugs used/using: _____

Axis ____ Code: _____ Diagnosis: _____

Treatment Plan:

Long Term Goals: _____

Short Term Goals: _____

Proposed Schedule of Therapy: _____

Be sure to document:

- Progress Notes
- Psychological Testing
- Consultations
- Homework
- Documentation of all services provided
- Follow-Up Activities
- Consents
- Termination Summary