

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: _____

Cigarette smoking: _____

Alcohol use: _____

Axis ____ Code: _____ Diagnosis: _____

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