



STATERA

Integrated Health & Wellness Solutions

3375 Lake Ridge Dr. Dubuque, 52003

Phone: (563)-207-8932 Fax: (563) 207-8932

Mental Health Treatment History

Referral Source: _____

Not Applicable

Provider: _____ Date Range: _____ Outcome: Successful No Change

Provider: _____ Date Range: _____ Outcome: Successful No Change

Provider: _____ Date Range: _____ Outcome: Successful No Change

Substance Abuse History:

Do you now or have you ever used drugs/alcohol? Yes No

If yes, drug of choice: _____

Previous treatment history: _____

Age first used: _____ Present use – how much/often: _____

Criminal Background:

Arrests: Yes No Notes: _____

Charges: Yes No Notes: _____

Convictions: Yes No Notes: _____

Probation: Yes No Notes: _____

Parole: Yes No Notes: _____

Risks:

Suicide: Yes No Current History

Notes: _____

Violence: Yes No Current History

Notes: _____

Psychosis: Yes No Current History

Notes: _____

Self Injury: Yes No Current History

Notes: _____

Supports:

Are you a spiritual person? Yes No

Please identify what religion (if any) you belong to _____

Do you have any social or cultural beliefs or circumstances that you would like the provider to know? Yes No

If yes, please explain: _____

Please list your strengths: _____

Please list your main support systems: _____

Have you recently suffered any significant losses or trauma? Yes No

If yes, please explain: _____

Social History

Alcohol Drinks per week (circle one): None Occasional Moderate Heavy
Alcohol- years of use _____
Are you currently employed? Yes/No If yes, where? _____
Caffeine servings per day (circle one): None Occasional Moderate Heavy
Chewing Tobacco (circle one): None 1/day 2-4/day 5+/day
Smoker (packs per day) (circle one): Never Smoker Former Smoker Current smoker
Packs per day _____ Tobacco years of use _____ Quit year _____
Passive smoke exposure? Yes/No
Illicit drugs? Yes/No if yes, which? _____
Type of diet (circle one) Regular Vegetarian Vegan Gluten-Free
Specific Carbohydrate Cardiac Diabetic
Highest grade completed: _____
Exercise type and frequency per week: _____
Hobbies/Activities _____
Marital Status (circle one): Married Single Divorced Separated Widowed Domestic Partner
Number of Children? _____

Medications

List all current psychiatric medications

Medication	Dosage	Frequency

Medical Conditions

List all current medical conditions

Allergies

Please circle all that apply to you:

agitation	chest tightness	aggression	distractible	purges
change in appetite	dizziness	cruelty	easily frustrated	fear of weight gain
crying spells	dyspnea	destructive	fails to complete tasks	binges
depressed/sad	headaches	fighting	fidgety	body image distortion
difficulty coping	irritable	fire setting	forgetful	flashbacks
discouraged	palpitations	run away/truant	hyperactive	avoidant
helplessness	poor sleep	theft	impatient	loss of menstrual cycle
hopelessness	restless	impulsive	insomnia	vigilant
irritable	tense nervous	compulsions	poor concentration	trauma
loss of concentration	tiredness/fatigue	obsessions	poorly organized	fear of dying
loss of energy	trembling	procrastinates	startles	nausea
loss of interest	worry	angry	reactive	derealization
loss of motivation	argues	short attention span	nightmares	racing thoughts
sense of guilt	agitation	blames others	working below capacity	suicidal ideation
sleep difficulty	dizzy	defiant	palpation	sweats
thinking slowed	excessiveness	other	shakes/trembles	chest pain
weight gain/loss	grandiose	agoraphobia	short of breath	minimal sleep
worthlessness				

THERAPEUTIC SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client and the particular problems you bring forward. There are many different treatment modalities I may incorporate to deal with the problems you hope to address. Psychotherapy requires an active effort on your part in order for the process to be successful. Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, and frustration. On the other hand, psychotherapy has been shown to have beneficial outcomes, including better relationships, solutions to specific problems, development of new coping skills, and significant reduction in self-harm and feelings of distress. Even though you and I work together in good faith, there is no guarantee that you will make all of the changes we identify that you want or need to make. My role is to help you identify goals and develop plans to reach them. Your job is to decide which plans will be useful to you and to carry out those plans.

EMERGENCY PROCEDURES

If you have a mental health emergency, please call 911 or go to the nearest Emergency Room, For non-emergent issues please call (563) 207-8932 to contact your therapist and leave a message stating your name, contact information, and a brief description of your issue and we will return a call as soon as possible.

Name

Signature

Date