

Serenity Mental Health Services
605-431-8595
Client Information

Name:

Last First M.I.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: _____ AGE: _____ SOCIAL SECURITY #: _____

RACE: _____ MILITARY: _____

PHONE NUMBER: HOME: _____ WORK: _____

CURRENT MARITAL STATUS (please list all)

Married Date: _____ Separated: _____ Divorced Date: _____

Widowed Date: _____

NAME OF CHILDREN(if applicable)

NAME	BIRTHDATE	AGE	SCHOOL	TEACHER	GRADE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FAMILY MEMBERS:

NAME OF SPOUSE OR SIGNIFICANT OTHER(if applicable)

Last First M.I.

ADDRESS (if different from yours): _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: _____ AGE: _____ SOCIAL SECURITY #: _____

PHONE NUMBER (if different from yours): HOME: _____ WORK: _____

IF NECESSARY, MAY WE CALL THIS PERSON AT HOME? Yes No
AT WORK? Yes No

SIGNIFICANT OTHER'S CURRENT MARITAL STATUS: (please list all)

Married Date: _____ Separated Date: _____

Widowed Date: _____

Serenity Mental Health Services

NAME OF CHILDREN (if applicable and list with whom they live):

NAME	BIRTHDATE	AGE	SCHOOL	TEACHER	GRADE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PSYCHOLOGICAL:

Have you received psychiatric or psychological help before? Yes No

If yes, please explain:

PLEASE LIST ANY PSYCHIATRIC HOSPITALIZATIONS:

Year	Hospital	Purpose of Hospitalization	Admitting Physician	Length of Stay
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE INDICATE ANY FAMILY HISTORY OF PSYCHOLOGICAL PROBLEMS:

Name	Relationship to You	What was the problem?	Treatment Given?
_____	_____	_____	_____
_____	_____	_____	_____

VOCATIONAL/EDUCATIONAL:

NUMBER OF SCHOOL YEARS COMPLETED: _____

What kind of grades did you receive: _____

Please list any educational related problems: _____

CURRENT OCCUPATION: _____

ANY ADDITIONAL EDUCATION OR TRAINING: _____

EMPLOYER: _____ LENGTH OF EMPLOYMENT: _____

LIST WORK RELATED PROBLEMS: _____

PREVIOUS JOBS: (Please give approximate dates and length of employment)

SOCIAL:

What leisure activities or hobbies do you enjoy?

Do you prefer doing activities alone or with others? _____

What activities or hobbies do you do with others? _____

How many friends do you have? _____ Few _____ Several _____ Many

What clubs, organizations, or social activities do you participate in on a regular basis?

MEDICAL:

PRIMARY PHYSICIAN: _____ DATE OF LAST VISIT: _____

REASON FOR LAST VISIT: _____

Please list any major health problems for which you have received or are currently receiving treatment: _____

Please list chronologically (from oldest to most recent) medications you have used this year: Medication Purpose of Medicine Prescribing Physician Date Started/Stopped

Please list any medical hospitalizations and treatments:

Year Hospital Purpose of Hospitalization Admitting Physician Length of stay

ALCOHOL AND DRUG USE PROFILE:

Have you ever misused drugs, medications, or alcohol? Yes No

If yes, please explain: (age first use/frequency/substance used/problems use created/etc)

Have you ever received treatment for alcohol/other drug misuse? Yes No

If yes, please complete the following:

Year Place Length of stay/Number of sessions Did you complete the program?

ASSESTS AND LIMITATIONS:

Please list several of your strengths:

Please list several of your weaknesses:

WHAT BRINGS YOU TO SERENITY MENTAL HEALTH?

PROBLEM CHECK LIST:

Please circle any of the following problems that you are currently experiencing or have experienced in the past:

Problem How long have you had this?

Marriage _____

Divorce _____

Parenting _____

Nervous _____

Fears _____

Difficulty Relaxing _____

Alcohol use _____

Legal Matters _____

Sleep problems _____

Energy level _____

Ambition _____

Unhappiness _____

Sadness _____

Education _____

Work _____

Anger _____

Self-Control _____

My thoughts _____

Concentration _____

Thinking _____

Homicidal thoughts _____

Headache _____

Stomach troubles _____

Other areas of concern _____

Problem How long have you had this?

Seperation _____

Children _____

Sexual problems _____

Shy _____

Stress _____

Drug use _____

Gambling _____

Finances _____

Nightmares _____

Tiredness _____

Loneliness _____

Depression _____

Tearfulness _____

School _____

Career choice _____

Temper _____

Memory _____

Making Decisions _____

Confusion _____

Suicidal thoughts _____

Appetite _____

Bowel troubles _____

Low self-esteem _____