

**New Adult Patient History Form**  
**Create A Healthy Mind**  
**Steevie Jane Parks, Ph.D.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Any children? Y N How many? \_\_\_\_\_

**What are your current psychological concerns? (1-4 in order of priority)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**What have you tried to do (so far ) to deal with these concerns and how well have these efforts worked?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**When did each issue/event start?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Have you had similar concerns in the past? Y N if so, how were they dealt with?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have any biological family members had similar problems? Y N**

**Please Explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you now, or have you ever had, issues with drugs or alcohol? Y N**

**Please Explain:** \_\_\_\_\_

**Page Two:**

**Please circle any of the following symptoms that you have had on a consistent basis for the past few weeks:**

- Anxiety** \_\_\_\_\_
- Depression** \_\_\_\_\_
- Low mood** \_\_\_\_\_
- Attention problems** \_\_\_\_\_
- Hallucinations** \_\_\_\_\_
- Learning problems** \_\_\_\_\_
- Mental confusion** \_\_\_\_\_
- Amnesia** \_\_\_\_\_
- Fainting** \_\_\_\_\_
- Tearfulness** \_\_\_\_\_
- Suicidal thoughts** \_\_\_\_\_
- A plan to end your life** \_\_\_\_\_
- Taking medication** \_\_\_\_\_
- Relationship problems** \_\_\_\_\_
- Family problems** \_\_\_\_\_
- School failure:** \_\_\_\_\_
- Work issues:** \_\_\_\_\_
- Fatigue:** \_\_\_\_\_
- Overexcitement:** \_\_\_\_\_
- Mood swings:** \_\_\_\_\_
- Insomnia:** \_\_\_\_\_
- Hypersomnia (sleeping too much):** \_\_\_\_\_
- Eating problems (too much, too little, too picky):** \_\_\_\_\_
- Body aches and pains:** \_\_\_\_\_
- Panic attacks (anxiety attacks) :** \_\_\_\_\_
- Unreasonable fears:** \_\_\_\_\_
- Self-destructive acts :** \_\_\_\_\_
- Homicidal feelings:** \_\_\_\_\_
- Fits of rage:** \_\_\_\_\_
- Social isolation :** \_\_\_\_\_
- Irrational guilty feelings:** \_\_\_\_\_
- Low self esteem:** \_\_\_\_\_
- Perfectionism:** \_\_\_\_\_
- Working too hard:** \_\_\_\_\_
- Avoiding work:** \_\_\_\_\_
- Drinking too much:** \_\_\_\_\_
- Blackouts:** \_\_\_\_\_
- Recurring nightmares:** \_\_\_\_\_
- Flashbacks:** \_\_\_\_\_

**Page Three:**

**Have any first-degree relatives ever had a major psychiatric disorder? If so please circle type and relationship (e.g. father, mother, maternal uncle..):**

**Major depression** \_\_\_\_\_

**Bipolar disorder** \_\_\_\_\_

**Schizophrenia** \_\_\_\_\_

**Anxiety disorder** \_\_\_\_\_

**Autism:** \_\_\_\_\_

**Obsessive-compulsive disorder** \_\_\_\_\_

**Personality disorder** \_\_\_\_\_

**As far as you recall, have you ever been either physically or sexually abused? Y N**

**Explain:** \_\_\_\_\_

**Please write down anywhere from three to five adjectives that you might use to describe yourself to others:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Please describe your relationship with your mother growing up:**

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**Please describe your relationship with your father growing up:**

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**Do you have a significant other? Y N**

**Please describe any relationship concerns you may have:**

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**Page Four:**

**Do you have any spiritual/religious concerns at the moment? Please explain.**

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**What would you like to accomplish or receive by coming to see me?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please use the following space to let me know anything about yourself that we may not have covered that you would like me to be aware of:**

**Thank you for your kind consideration in filling out this form.**