

CONFIDENTIAL

Healthcare Professional Evaluation Intake

Please put your name on each page, print neatly or type, and add extra pages as needed

Date:

Name:

DOB/age:

Address:

Email address:

Cell phone number:

License type:

Reason for evaluation:

Case manager:

Date of lab work:

Date of evaluation:

Have you been previously referred to NHP/PHP/PHMP? If so, please provide details.

Substance Use History:

Please include every substance you've ever tried (even once), including nicotine and marijuana

Substance Age of first use Initial pattern Recent pattern Date of last use Consequences

Example: Alcohol age 16 2-3 beers on weekends 8-10 beers daily May 2024 Blackouts, lost job, DUI

Substance	Age of first use	Initial pattern	Recent pattern	Date of last use	Consequences
Example: Alcohol	age 16	2-3 beers on weekends	8-10 beers daily	May 2024	Blackouts, lost job, DUI

Counseling History:

Have you ever been in counseling for any reason?

Dates	Provider and location	Reason	Outpatient/ inpatient?

Recovery:

Do you identify as a person in recovery?

Have you ever attended recovery meetings?

Did/do you have a sponsor?

Family/Social History:

- Are you adopted?
- Where were you born and raised?
- Who did you grow up with?
- Do any blood relatives have mental health and/or substance use issues?
- Were you raised in a particular religion? Do you practice a religion now?
- How are your current relationships with family members?
- Have you been married or in long-term relationships? If so, please provide details.
- Where do you currently live with and with whom?
- Gender/ages of children and stepchildren:
- Who do you talk to if you're upset or stressed?
- What activities do you enjoy in your free time?

Educational/Military History: **Name of school, city and state, years attended/graduated, degree/ license earned**

- High school:
- College:
- Post-college education:
- Initial licensure year:
- If you are a veteran, please provide years of service, which branch, and nature of discharge. Please also note if you saw combat/were stationed in a war zone.

Employment History: (Please account for the last five years)

For each employer: Name, location, dates, position, attendance/performance issues, reason for leaving

- Current employer:
- Previous employers:

Legal History:

- Have you ever been arrested? If so, please provide details:
- Do you have a pending court date?
- Are you currently on probation or parole? If so, please provide details and the name and contact information for your PO:

Medical History:

Please list any medical problems:

Current Medications:

Name, dose, frequency, reason, and prescriber (i.e.: psychiatrist, PCP, etc.)

- 1.
- 2.
- 3.
- 4.

Mental Health History:

If you have any past/current mental health diagnoses, please provide the year of initial diagnosis and any current symptoms.

- 1.
 - 2.
 - 3.
- How is your sleep? Appetite? General energy level?
 - Have you ever considered or attempted suicide? If so, please provide details.
 - Have any of your family members attempted or completed suicide? If so, please provide details.

- Have you ever considered or attempted to seriously harm someone else? If so, please provide details.
- Did/do you ever do anything to deliberately harm yourself? If so, please provide details.
- Did/do you ever hear or see things that other people don't (when not intoxicated)? If so, please provide details.
- Did/do you struggle with disordered eating and/or purging? If so, please provide details.
- Please describe your mood and stress level over the past few months:
- Please mention any past/current mental health issues not covered above:

Collateral Contacts: Please list names and cell phone numbers for at least **one friend, a work superior and/or co-worker (past or present), and a family member**. I will be contacting them to obtain additional information for this evaluation and will not release any of your personal information. Please let your contacts know I'll be texting them soon. Thank you.

Name and relationship

Cell phone number

- 1.
- 2.
- 3.

Comments/concerns about your upcoming evaluation?

Please **scan** all completed forms back to me at least 24-hours before our appointment: amyebrown.LPC@gmail.com

Thank you!