Counseling Associates of MA & NH, LLC

Child, Adolescent, Adult, Couple and Family Psychotherapy

Dracut Village Square
14 Loon Hill Road
Dracut MA 01826
Phone (978) 934-9444
Fax: (978) 441-0800

Methuen Executive Park
236 Pleasant Street
Methuen, MA 01844
Phone: (978) 683-0133
Fax: (978) 683-9818

Bainbridge Office Park
18 Constitution Drive, Suite 4
Bedford NH 03110
Phone: (603) 472-5279
Fax: (603) 441-0800

---------- Initial Information ----------

Name:		**DOB**:		**1st Date of Service**:	

CURRENT LIFE SITUATION

Who Referred You?

Name:	**May I contact the referral to thank them?** ❑ Yes ❑ No
Phone #:	**Email:**

Living situation

❑ alone ❑ w/ family ❑ rooming house ❑ group residence ❑ foster care ❑ other:

Household members and ages:

Culture

Race:

Language spoken at home:

Religion/Faith/Spirituality raised in if any:

Religion/Faith/Spirituality currently practice if any:

Social club/organization

❑ No ❑ Yes (*description)*:

Other agencies or providers involved

❑ None ❑ Yes (*description)*:

Education

Highest grade completed (K-12) or college/university (U1-U8):

❑ None ❑ The following was reported:

Learning Disabilities ❑ No ❑ Yes (*explain)*:

Additional Education ❑ No ❑ Yes (*explain)*:

Further comments on above ❑ No ❑ Yes (*explain)*:

Legal Issues

❑ None ❑ Yes (*description)*:

Vocational *(Job/Career training and/or work experience)*

❑ None ❑ Yes (*description)*:

Military Service

❑ None ❑ Yes (*description)*:

RELEVENT MEDICAL HISTORY

PCP Name:
Address:
Zip:
Phone: **Fax:**

Illnesses and Allergies

❑ None reported ❑ the following was reported

Type of Illness or Allergy	Date or Age of Onset	Medications	Relevant Information	Severity

Mental Health History

Psychiatrist Name:
Address:
Zip:
Phone: **Fax:**

Current Psychiatric Medication/s

❑ None reported ❑ the following was reported

Medication	Dosage	Prescriber	Date Started	Side Effects

Previous Psychiatric Hospitalizations, Individual and/or Group Treatment

❑ None ❑ See the following:

Dates or Age	Therapist or Hospital	Type of TX	Reason/Symptoms/Medications	Outcome

Mental Health History Biological Family	Mother	Father	Sister/s	Brother/s	Grdmother	Grdfather	Aunt/Uncle
Depression	❑	❑	❑	❑	❑	❑	❑
Anxiety	❑	❑	❑	❑	❑	❑	❑
Panic	❑	❑	❑	❑	❑	❑	❑
Alcohol/drug abuse (specify):	❑	❑	❑	❑	❑	❑	❑
Eating D.O. (specify):	❑	❑	❑	❑	❑	❑	❑
Bipolar D.O.	❑	❑	❑	❑	❑	❑	❑
Mania	❑	❑	❑	❑	❑	❑	❑
Schizophrenia	❑	❑	❑	❑	❑	❑	❑
Paranoia	❑	❑	❑	❑	❑	❑	❑
Learning Disability (specify):	❑	❑	❑	❑	❑	❑	❑
ADHD	❑	❑	❑	❑	❑	❑	❑
Other:	❑	❑	❑	❑	❑	❑	❑