

# Jim Harris, Psy.D. PLLC

## PSYCHOLOGY

### PATIENT DATA SHEET

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Current Problems:	NONE	MILD	MODERATE	SEVERE
Depressed Mood	1	2	3	4
Hopelessness	1	2	3	4
Suicidal Thoughts	1	2	3	4
Disturbed Sleep	1	2	3	4
Appetite Changes	1	2	3	4
Significant Change in Weight	1	2	3	4
Poor Concentration	1	2	3	4
Mood Swings	1	2	3	4
Elated Mood	1	2	3	4
Obsessive Thoughts	1	2	3	4
Tense/Anxious	1	2	3	4
Fearfulness	1	2	3	4
Compulsive Behavior	1	2	3	4
Hallucinations	1	2	3	4
Memory Problems	1	2	3	4
Hostility/Anger	1	2	3	4
Violence/Aggression	1	2	3	4
Drug/Alcohol Problems	1	2	3	4
Confusion	1	2	3	4
Recent Loss/Trauma	1	2	3	4
Change in Sex Drive	1	2	3	4
Decreased Pleasure	1	2	3	4
Bathing, Dressing, Grooming	1	2	3	4
Other	1	2	3	4

History of Sexual or Physical Abuse: Y N

Ongoing Sexual or Physical Abuse: Y N

Medication (dosage/frequency)	Date Started	Response

Medication Allergies: \_\_\_\_\_

**MEDICAL HISTORY**

Who is your primary care physician? \_\_\_\_\_

Date of last visit? \_\_\_\_\_ Date of last physical? \_\_\_\_\_

Have you had any of the following?

- Heart Disease       Kidney Disease       Chronic Pain       Asthma       Other
- Lung Disease       Thyroid Problems       Seizures       Diabetes      \_\_\_\_\_
- Liver Disease       Hypertension       Arthritis       Cancer      \_\_\_\_\_

Please list the details of any of the above you have checked or any other health problems: \_\_\_\_\_

\_\_\_\_\_

List any surgery you have had: \_\_\_\_\_

\_\_\_\_\_

**PAIN SCREEN**

Pain level (0-10) \_\_\_\_\_ Pain Goal? \_\_\_\_\_ Duration of pain? \_\_\_\_\_

Location of pain? \_\_\_\_\_ Interventions in past 8 hours? \_\_\_\_\_

What makes the pain better? \_\_\_\_\_

**FAMILY HISTORY** (List any medical problems that run in your **blood relatives**, i.e., Alzheimer's disease, memory problems, Parkinson's disease, Huntington's disease, stroke, aneurysm, TIA, diabetes, epilepsy, cardiovascular disease, etc.)

Problem	Relative	Maternal Side	Paternal Side

(Psychiatric history--List any **blood relatives** who have had emotional problems such as depression, manic depression, alcoholism, drug abuse, suicide, schizophrenia or anxiety)

\_\_\_\_\_

Substance Use	Amount	Frequency	Date last used
Alcohol      Y N	_____	_____	_____
Caffeine      Y N	_____	_____	_____
Tobacco      Y N	_____	_____	_____
Other      Y N	_____	_____	_____