

# House Psychiatric Clinic - County Form

Patient's name:

Patient's date of birth:

Gender:

Male

Female

Guardian's name (if applicable):

Guardian's phone number (if applicable):

Patient's address:

Patient's phone number:

Patient's ethnicity (race):

What is your preferred language?

What is the highest grade level you've completed?

For patients under 18, what is the name of your current school?

For patients under 18, please check any of the following that apply:

Patient is involved in IEP

Patient is suspended from school

Patient was expelled from school

Do you have any past or current legal issues? Please check all that apply:

- |                                |         |
|--------------------------------|---------|
| Marital                        | Custody |
| Criminal                       | Traffic |
| Probation                      | Parole  |
| Youth Link (patients under 18) | Other   |
| None                           |         |

What is your employment status? (continued on next page)

- |                     |                               |
|---------------------|-------------------------------|
| Employed- full time | Employed- part time           |
| Unemployed          | Not in labor force (disabled) |
| Student             | Unknown                       |

Are you a veteran?

- Yes
- No

Are you participating in any of the following programs? (Please check all that apply)

- |          |      |                |             |
|----------|------|----------------|-------------|
| CalWorks | IHSS | General Relief | HUD housing |
|----------|------|----------------|-------------|

What are the most important things we can do to support you and your family today?

Describe a time when you and your family were doing well:

What do you need in order to live a happy life?

What are three issues you'd like to focus on in treatment here at HPC?

1:

2:

3:

What strengths and resources do you and your family have in your current situation?  
(Examples: church, friendships, family bonds, hobbies, programs, etc.)

What spiritual or cultural practices are meaningful in your life? (continued on next page)

Please list any medical/psychiatric problems that run in your family. Please give the relationship as well.

	Mother	Father	Sibling	Grand-parent	Significant Other	None
Alcohol abuse/dependence						
Drug abuse/dependence						
Life-threatening disease						
Suicide attempt						
Mood disorder						
Death						
Domestic violence						
Emotional abuse						
Divorce						
Physical/sexual abuse						
Seizure disorder						
Other						

Please give a description of the level of involvement each family member has had in your life:

	Bio Mother	Bio Father	Step/Foster Parent	Siblings	Significant Other
Accepting/Supportive					
Avoidant or Infrequent Contact					
Hostile/Absent					

What is your current living arrangement? (with whom do you currently live?)

If you are an adult, are there any dependent children in your home? How many?

Are there any dependent adults in your home? How many?

Please give any available information regarding your developmental history. Please include prenatal, perinatal, milestones, drug exposure, abuse, premature birth history, etc.

Do you or any family members use the following substances?

	Caffeine	Tobacco	Alcohol	Illegal Drugs	Prescription Drugs
Self					
Family					

What is your treatment history? Please check all that apply.

None

Inpatient Substance Treatment

Outpatient Substance Treatment

Outpatient Psychotherapy

Self-Help Group Support

Psychiatric Hospitalization

Psychotropic Medication Management

Other

Please list any medications you currently take. Who prescribes them?