



# PARK VIEW PSYCHIATRIC SERVICES

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## PERSONAL HISTORY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

REASONS FOR SEEKING HELP NOW (Main problem and how long it has been a problem. The effect it has on you and those close to you. Use the back of this page if you need to.)

EMOTIONAL HISTORY (Past emotional symptoms. Past treatment for you and family members. What was most helpful? Previous suicidal thoughts and/or attempts. Please include previous treatment providers and dates seen.)

MEDICAL HISTORY (Major illnesses, surgeries, allergies to medicines, current medical problems.)

CURRENT MEDICATIONS (Medicine you take now and dosage. Who prescribes them? How long have you been taking them? Any side effects?)

FAMILY HISTORY (Parents', brother's and sister's names, ages cities of residence and health. If no longer living, when did they die and what cause? How do you get along with family members? Please include psychiatric or substance abuse problems.)

HISTORY OF SEXUAL, PHYSICAL, OR EMOTIONAL ABUSE (Please include legal action which may have occurred due to abuse.)

SOCIAL HISTORY (Education, work history, military service, legal problems, church, hobbies, clubs or groups.)

MARRIAGE(S)/SIGNIFICANT RELATIONSHIP(S) (How old were you and your partner(s)? How long did it last? What problems?)

CHILDREN (Names, ages, cities of residence, health.)

ALCOHOL AND OTHER DRUG USE (Use in the last 30 days? Use in the last 6 months? Use or treatment in the past?)

TOBACCO AND/OR CAFFEINE

IF PATIENT IS CHILD OR ADOLESCENT

-Developmental History (such as pregnancy or delivery problems, bedwetting, child's age or walking, talking, toilet training, etc.

-Aggressive or Violent behavior towards self or others.

-Sexual Behaviors.

-Problems with friends, family, teachers, other adults.

-Changes in school performance/behavior.

- Custody arrangements (Please include current court involvement and visitation arrangements. What is the legal custody agreement?)

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How will things be different for you when you no longer have the problem(s) that brought you here?

What are your goals for treatment?

Use the back of this form for any information you wish to add. Thank you for your help. This is the first step in our working together as a team to get positive results.

Please complete this form. It will help us understand and treat you better.

On this questionnaire are groups of statements. Please read each group of statements carefully, then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY! Circle the number beside the statement you picked. If several statements in the group apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1. 0 I do not feel sad  
1 I feel sad  
2 I am sad all the time and I can't snap out of it  
3 I am so sad or unhappy that I can't stand
2. 0 I am not particularly discouraged about the future  
1 I feel discouraged about the future  
2 I feel I have nothing to look forward to  
3 I feel that the future is hopeless and that things cannot improve
3. 0 I do not feel like a failure  
1 I feel I have failed more than the average person  
2 As I look back on my life, all I can see is a lot of failure  
3 I feel I am a complete failure as a person
4. 0 I get as much satisfaction out of things as I used to  
1 I don't enjoy things the way I used to  
2 I don't get real satisfaction out of anything anymore  
3 I am dissatisfied and bored with everything
5. 0 I don't feel particularly guilty  
1 I feel guilty a good part of the time  
2 I feel quite guilty most of the time  
3 I feel guilty all of the time
6. 0 I don't feel I am being punished  
1 I feel I may be punished  
2 I expect to be punished  
3 I feel I am being punished
7. 0 I don't feel disappointed in myself  
1 I am disappointed in myself  
2 I am disgusted with myself  
3 I hate myself
8. 0 I don't feel I am any worse than anybody else  
1 I am critical of myself for my weaknesses or mistakes  
2 I blame myself all the time for my faults  
3 I blame myself for everything bad that happens
9. 0 I don't have any thoughts of killing myself  
1 I have thoughts of killing myself, but I would not carry them out  
2 I would like to kill myself  
3 I would kill myself if I had the chance
10. 0 I don't cry any more than usual  
1 I cry more now than I used to  
2 I cry all the time now  
3 I used to be able to cry, but now I can't cry even though I want to

**SCORING**

**Total Score    Levels of Depression**

- 1-10    These ups & downs are considered normal
- 11-16    Mild mood disturbance
- 17-20    Borderline clinical depression
- 21-30    Moderate depression
- 31-40    Severe depression
- over 40    Extreme depression

\*a persistent score of 17 or above indicates possible need for professional treatment\*

11. 0 I am no more irritated now than I ever am  
 1 I get annoyed or irritated more easily than I used to  
 2 I feel irritated all the time now  
 3 I don't get irritated at all by the things that used to irritate me
12. 0 I have not lost interest in other people  
 1 I am less interested in other people than I used to be  
 2 I have lost most of my interest in other people  
 3 I have lost all of my interest in other people
13. 0 I make decisions about as well as I ever could  
 1 I put off making decisions more than I used to  
 2 I have greater difficulty in making decisions than before  
 3 I can't make decisions any more
14. 0 I don't feel that I look any worse than I used to  
 1 I am worried that I am looking old or unattractive  
 2 I feel that there are permanent changes in my appearance that make me look unattractive  
 3 I believe that I look ugly
15. 0 I can work about as well as usual  
 1 It takes an extra effort to get started at doing something  
 2 I have to push myself very hard to do anything  
 3 I can't do any work at all
16. 0 I can sleep as well as usual  
 1 I don't sleep as well as I used to  
 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep  
 3 I wake up several hours earlier than I used to and cannot get back to sleep
17. 0 I don't get more tired than usual  
 1 I get tired more easily than I used to  
 2 I get tired from doing almost anything  
 3 I am too tired to do anything
18. 0 My appetite is no worse than usual  
 1 My appetite is not as good as it used to be  
 2 My appetite is much worse now  
 3 I have no appetite at all
19. 0 I haven't lost much weight, if any, lately  
 1 I have lost more than 5 pounds  
 2 I have lost more than 10 pounds  
 3 I have lost more than 15 pounds
- I am purposely trying to lose weight  
 by eating less. YES \_\_\_\_\_ NO \_\_\_\_\_
20. 0 I am no more worried about my health than usual  
 1 I am worried about physical problems such as aches and pains, or upset stomach, or constipation  
 2 I am very worried about physical problems and it's hard to think of much else  
 3 I am so worried about my physical problems that I cannot think about anything else
21. 0 I have not noticed any recent change in my interest in sex  
 1 I am less interested in sex than I used to be  
 2 I am much less interested in sex now  
 3 I have lost interest in sex completely

**P A R K V I E W**  
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