

**Angela Dello, LCSW**

DATE OF FIRST OFFICE VISIT: \_\_\_\_\_

NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

E-MAIL:

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

Preferred phone for contacting and leaving messages: Home (    ), Work (    ), Cell (    )

Emergency contact name and phone number:

\_\_\_\_\_

Relationship to you:

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**INSURANCE INFORMATION**

Subscriber (Insurance held by): \_\_\_\_\_

Insurance Company:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Insured's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PRIMARY CARE PHYSICIAN**

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

Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**WHAT IS THE MAJOR REASON FOR SEEKING THERAPY AT THIS TIME?**

**WHEN DID THE PROBLEM BEGIN?**

**WHAT DO YOU HOPE TO ACHIEVE IN THERAPY?**

### Symptom Checklist (please circle the appropriate response)

*Past = over two months ago*

1. Trouble falling asleep	Current	Past	Never
2. Trouble remaining asleep	Current	Past	Never
3. Trouble getting out of bed	Current	Past	Never
4. Loss of appetite	Current	Past	Never
5. Excessive hunger	Current	Past	Never
6. Bingeing/purging	Current	Past	Never
7. Restrictive eating	Current	Past	Never
8. Excessive exercising	Current	Past	Never
9. Trouble concentrating	Current	Past	Never
10. Excessive worrying	Current	Past	Never
11. Frequent tearfulness	Current	Past	Never
12. Feelings of sadness	Current	Past	Never
13. Irritability	Current	Past	Never
14. Physical aggression towards others	Current	Past	Never
15. Victim of physical aggression	Current	Past	Never
16. Excessive use of drugs/alcohol	Current	Past	Never
17. Use of drugs/alcohol that worries others	Current	Past	Never
18. Hearing voices that others do not hear	Current	Past	Never
19. Seeing things others do not see	Current	Past	Never
20. Suicidal thoughts/attempts	Current	Past	Never
21. Self-harm thoughts/actions	Current	Past	Never
22. Homicidal thoughts/attempts	Current	Past	Never
23. Panic/anxiety attacks	Current	Past	Never