



Elm Creek  
New Patient History

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Mar Status: \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

☐ Child (under 18 y/o) ☐ Adult w/guardian ☐ Adult-own Legal Representative

Emergency Contact (Name & Number): \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_ Relationship: ☐ Parent ☐ Other

Legal Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

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Describe the reason for the clinic visit:

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Referral Sources: ☐ FQHC ☐ IDD Providers ☐ Hospital Providers ☐ Psych Hospitals

Specify: \_\_\_\_\_

Current Symptoms:

☐ poor appetite ☐ overeating ☐ insomnia ☐ hypersomnia ☐ poor impulse control ☐ weight loss

☐ weight gain ☐ anxiety ☐ isolating ☐ loss of interest in activities ☐ tearful  
☐ affect doesn't match mood ☐ low frustration tolerance ☐ enuresis ☐ encopresis  
☐ anger ☐ verbal aggression ☐ physical aggression ☐ inanimate objects ☐ animals ☐ people)  
☐ poor academic performance ☐ hyperactivity ☐ poor attention ☐ alcohol/drug abuse  
☐ running away ☐ suicidal thoughts ☐ suicide attempt ☐ hallucinations  
☐ delusions (believing things to be true that others do not)  
☐ purposeful self-injury (cutting, burning, scratching, etc...self) ☐ other: \_\_\_\_\_

Describe how long symptoms have persisted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For suicidal thoughts/attempts, explain and give dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous psychiatric care: \_\_\_\_\_

Hospitalizations (give dates & name of facilities) \* request records for hospitalizations within last 3 years

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outpatient psychiatry: (give dates & name of provider) \* request records for hospitalizations within last 3 years

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous medications/dosage/frequency/prescriber/condition being treated/effectiveness:

\_\_\_\_\_

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Current medications/dosage/frequency/prescriber/condition being treated/effectiveness:

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Drug Allergies: \_\_\_\_\_

Substance Allergies: \_\_\_\_\_

**Medical History**

- ☐ medical hospitalization ☐ had surgery ☐ serious accidents ☐ had head injury w/unconsciousness  
☐ neurological problems ☐ cardiovascular problems ☐ respiratory problems ☐ diabetes  
☐ thyroid disorder ☐ liver disease ☐ gastrointestinal disorder ☐ musculoskeletal disorder  
☐ chronic pain ☐ skin problems ☐ genitourinary/kidney problems ☐ sexually transmitted disease  
☐ sexual dysfunction ☐ reproductive problems ☐ cancer ☐ vision problems ☐ hearing problems  
☐ speech problems ☐ Seizures ☐ physical activity limited by physical/health problems

Describe all boxes checked: \_\_\_\_\_

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**Substance abuse:**

- ☐ tobacco use ☐ smoker ☐ dip ☐ eCigarette)  
☐ alcohol ☐ marijuana ☐ synthetic marijuana ☐ cocaine ☐ methamphetamine  
☐ narcotic analgesics ☐ sleeping pills/meds  
☐ benzodiazepines (Xana,Ambien,Valium,Ativan,Klonopin, etc.)  
☐ huffing/inhalants ☐ other: \_\_\_\_\_

Describe any current stressors and/or precipitating events:

- ☐ Birth ☐ Death ☐ employment ☐ Divorce/relationship dissolution ☐ homelessness ☐ financial  
☐ family conflict ☐ school problems ☐ health problems ☐ other: \_\_\_\_\_

Any Legal Issues: ☐ yes ☒ no



Date \_\_\_\_\_

## Social History

Name \_\_\_\_\_

### Family & Marital Status

Do you have children?

☐ Yes

☐ No

If yes, give names and ages, where children live, and describe relationships with children.

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Current marital status:

☐ Married

☐ Divorced

☐ Separated

☐ Never Married

☐ Widowed

☐ Unknown

If married (or in a significant relation) more than once, explain reasons for each divorce or separation.

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Number of times married: \_\_\_\_\_

If married or in a relationship, describe relationship with current partner:

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## Living & Social Situation

Are you satisfied with your current living situation?

☐ Yes

☐ No

Current living arrangement:

☐ Adult Homeless

☐ Alone

☐ Assisted Living

☐ Children Residential Treatment

☐ Correctional

☐ Crisis Residential

☐ Family/Relative

☐ Foster Care

☐ Group Quarters

☐ Independent

☐ Institutional Setting

☐ Jail/Correctional Facility

☐ Medical

☐ Other Institutional

☐ Residential Care

☐ Roommate

☐ Treatment Training Services

Number of persons other than you living in the home:

\_\_\_\_\_

You currently live with (check all that apply):

☐ Spouse

☐ Significant Other

☐ Mother

☐ Father

☐ Guardian

☐ Grandparent

☐ Uncle

☐ Aunt

☐ Son

☐ Daughter

☐ Brother

☐ Sister

☐ Cousin

☐ Foster Parent

☐ Friend

☐ Other

Current home atmosphere:

☐ Loving

☐ Comfortable

☐ Supportive

☐ Chaotic

☐ Abusive

☐ Other

Describe current living situation:

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Overall quality of interpersonal relationships (length, amount of difficulty forming and maintaining):

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Describe family involvement:

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## Financial Situation

Source of income or support received during the past 12 months: \_\_\_\_\_

Do you have financial problems?

☐ Yes

☐ No

Have you applied for benefits?

☐ Yes

☐ No

Explain benefits:

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## Veteran Background

Type of discharge:

☐ Honorable

☐ Dishonorable

☐ General

☐ Other

Do you have a service-related disability?

☐ Yes

☐ No

Comments on the experience, any trauma, etc.:

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Describe the above, or any traumatic experience:

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## Cultural & Religious Background

Do you identify with a particular cultural group?

☐ Yes

☐ No

If so, describe group:

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Describe religious or spiritual beliefs and practices:

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Are cultural and/or spiritual beliefs likely to impact treatment?

☐ Yes

☐ No

If so, explain why:

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### Educational Background

Are you currently in school/college/training program?

☐ Yes

☐ No

Name of school/college/training program:

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Location of school (city):

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Last grade completed:

☐ N/A

☐ Head Start

☐ Pre-Kinder

☐ Kindergarten

☐ 1st Grade

☐ 2nd Grade

☐ 3rd Grade

☐ 4th Grade

☐ 5th Grade

☐ 6th Grade

☐ 7th Grade

☐ 8th Grade

☐ 9th Grade

☐ 10th Grade

☐ 11th Grade

☐ 12th Grade

☐ HS Grad/GED

☐ Some College

☐ B.A./Higher

☐ Unknown

Do you have a learning disorder?

☐ Yes

☐ No

Have you been in special education classes?

☐ Yes

☐ No

☐ Unknown

Describe school functioning:

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Can you read and write?

☐ Yes

☐ No

☐ Unknown

Explain:

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Do you have a history of developmental delay?

☐ Yes

☐ No

If yes, specify:

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## Employment Background

Current Employment Status:

☐ Full Time

☐ Part Time

☐ NE/FT Student

☐ NE/PT Student

☐ None

☐ Unemployed

☐ Unknown

Are you satisfied with your current job?

☐ Yes

☐ No

How long have you been at your current job?

☐ 0-6 months

☐ 6 months - 1 year

☐ 1-5 years

☐ 6-10 years

☐ Over 10 years

Have you experienced difficulty performing work or work-like activity?

☐ Yes

☐ No

Describe the severity/frequency of work problems of any kind:

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Relevant work history (begin-end dates, employers, duties performed, etc.):

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## Legal Status

Present Legal Status:

☐ No legal involvement

☐ Arrested

☐ In jail

☐ Charges pending

☐ On probation

☐ In juvenile detention

☐ Adjudicated

☐ On parole

☐ Referred to juvenile court

☐ Awaiting trial

☐ Awaiting sentencing

☐ On appeal

☐ Pre-trial diversion



**Past Legal Status:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> No legal involvement       | <input type="checkbox"/> Arrested              | <input type="checkbox"/> In jail                      | <input type="checkbox"/> In prison/TYC |
| <input type="checkbox"/> On probation               | <input type="checkbox"/> In juvenile detention | <input type="checkbox"/> Adjudicated                  | <input type="checkbox"/> On parole     |
| <input type="checkbox"/> Referred to juvenile court | <input type="checkbox"/> Pre-trial diversion   | <input type="checkbox"/> Ordered to community service |  |

Additional information:

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**Strengths/Supports and Potential Barriers**

Your strengths (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Ability to care for self/others       | <input type="checkbox"/> Ability to maintain relationships   |
| <input type="checkbox"/> Ability to manage finances            | <input type="checkbox"/> Ability to participate in treatment |
| <input type="checkbox"/> Artistic talent                       | <input type="checkbox"/> Capable of independent living       |
| <input type="checkbox"/> Community support/network             | <input type="checkbox"/> Complaint with previous treatment   |
| <input type="checkbox"/> Education                             | <input type="checkbox"/> Enjoyment of gardening              |
| <input type="checkbox"/> Enjoyment of reading                  | <input type="checkbox"/> Family support and involvement      |
| <input type="checkbox"/> Good verbal/intellectual skills       | <input type="checkbox"/> History of adequate decision making |
| <input type="checkbox"/> History of community involvement      | <input type="checkbox"/> History of participation in sports  |
| <input type="checkbox"/> Insight into problems                 | <input type="checkbox"/> Interest in hobbies                 |
| <input type="checkbox"/> Interest in sports                    | <input type="checkbox"/> Motivated for treatment             |
| <input type="checkbox"/> Nurturance and enjoyment of pets      | <input type="checkbox"/> Nurturance of children              |
| <input type="checkbox"/> Religious affiliation/support network | <input type="checkbox"/> Sense of humor                      |
| <input type="checkbox"/> Stable work history                   | <input type="checkbox"/> Support of friends                  |
| <input type="checkbox"/> Technical/vocational skills           |  |

Describe any leisure activities or hobbies:

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What are your current support systems?

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|---|--|
| <input type="checkbox"/> Family support and involvement   | <input type="checkbox"/> Spouse support and involvement        |
| <input type="checkbox"/> Boy/girlfriend                   | <input type="checkbox"/> Support of friends                    |
| <input type="checkbox"/> Community involvement            | <input type="checkbox"/> Religious affiliation/support network |
| <input type="checkbox"/> Involvement in school activities | <input type="checkbox"/> Participates in organized sports      |
| <input type="checkbox"/> Currently employed               | <input type="checkbox"/> 12-Step program                       |
| <input type="checkbox"/> Other support groups             | <input type="checkbox"/> Counselor                             |
| <input type="checkbox"/> Other                            |  |

Describe other:

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Potential barriers to treatment:

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|--|--|
| <input type="checkbox"/> Assaultive behavior                 | <input type="checkbox"/> Difficulties with interpersonal relationships |
| <input type="checkbox"/> Family difficulties                 | <input type="checkbox"/> Family history of psychiatric difficulties    |
| <input type="checkbox"/> Financial difficulties              | <input type="checkbox"/> Frequently blames others                      |
| <input type="checkbox"/> History of treatment non-compliance | <input type="checkbox"/> Impaired decision making ability              |
| <input type="checkbox"/> Inability to care for self/others   | <input type="checkbox"/> Lack of family support                        |
| <input type="checkbox"/> Lack of transportation              | <input type="checkbox"/> Learning difficulties                         |
| <input type="checkbox"/> Legal difficulties                  | <input type="checkbox"/> Limited attention span                        |
| <input type="checkbox"/> Limited communication ability       | <input type="checkbox"/> Limited education                             |
| <input type="checkbox"/> Limited intellectual functioning    | <input type="checkbox"/> Limited vocational skills                     |
| <input type="checkbox"/> Little insight into problems        | <input type="checkbox"/> Memory impairment                             |
| <input type="checkbox"/> Physical problems                   | <input type="checkbox"/> Physical/medical problems                     |
| <input type="checkbox"/> Poor verbal skills                  | <input type="checkbox"/> Religious/spiritual/cultural beliefs          |
| <input type="checkbox"/> Reluctance to take medication       | <input type="checkbox"/> Socially withdrawn                            |
| <input type="checkbox"/> Substance abuse                     | <input type="checkbox"/> Unduly suspicious                             |
| <input type="checkbox"/> Unstable living conditions          |  |

Explain barriers:

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