

Trinity Behavioral Health

Robert W. Young, Ph.D.

Licensed Psychologist PY 6915

905 E. Martin Luther King Jr. Dr., Suite 211

Tarpon Springs, Fl., 34689

Telephone: 727.848.0840 Fax: 727.255.5075

E-mail: info@raisingnewhope.com

SSD Patient Intake Form

(PLEASE PRINT CLEARLY AND COMPLETE ALL PAGES)

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ___/___/____ Sex/Gender: M F Height: _____ Weight: _____
mm dd yyyy

Marital Status: (circle) Single Married Divorced Never Married Separated Widowed

If Married - How Long: _____ Number of Marriages: _____
If Divorced - How Long: _____ Number of Divorces: _____

Ethnicity: (circle) Caucasian African American Native American Asian Hispanic
Other _____

Education: (circle) High School Graduate GED College Graduate
Or Grade Completed _____

Military Service: (circle) Yes No
(If yes, what branch and dates of service?) _____

Do you have a Drivers License? (circle) Yes No If yes, what state? _____

How did you get to today's appointment? (circle) Drove Self Ride from Friend/Family Other

Have you ever been arrested (jail/prison/DUI)? (circle) Yes No
(If yes, please list offense(s) and approx. date)

Offense(s)	Date(s)

Are you on probation? (circle) Yes No

Trinity Behavioral Health

Robert W. Young, Ph.D.

Licensed Psychologist PY 6915

905 E. Martin Luther King Jr. Dr., Suite 211

Tarpon Springs, Fl., 34689

Telephone: 727.848.0840 Fax: 727.255.5075

E-mail: info@raisingnewhope.com

Patient's Name _____ Last, First

Have you been treated for substance abuse? (circle) Yes No
 If yes, what kind: (circle) Alcohol Street Drugs Prescription Pain Killers

Street Drugs/Prescription Pain Killers	Quantity - Date(s)

Have you been admitted to a hospital/mental health facility for psychiatric reasons? (circle) Yes No
 (If yes, please complete information below)

Reason for Treatment	When (date)	Outcome

Have you attempted suicide? (circle) Yes No
 (If yes, please complete information below)

How many times?	When was the last attempt?

Have you been diagnosed with any mental health problems? (circle) Yes No
 (If yes, please complete information below)

Mental Health Diagnosis	Date of onset

Medical Problems: (Please list)

Medical Problems	Date of onset

Chronic Pain • Mood Disorders • Marriage & Family
 Medical & Forensic Evaluations • Gifted & Learning Disability Assessments
 Adults • Adolescents • Couples

Trinity Behavioral Health

Robert W. Young, Ph.D.

Licensed Psychologist PY 6915

905 E. Martin Luther King Jr. Dr., Suite 211

Tarpon Springs, Fl., 34689

Telephone: 727.848.0840 Fax: 727.255.5075

E-mail: info@raisingnewhope.com

Patient's Name _____

Last, First

Medications: (Please list medications you are presently taking)

Medication	Dosage	Times Per Day	For Treatment of:

Surgeries: (Please list surgeries and dates)

Surgery	Date

Do you complete your ADL's on your own? (circle) Yes No
(ex: getting dressed, brushing teeth, using bathroom)

Primary reason for filing for Disability: (circle) Physical Mental Illness Both

Employment: (Please list places of employment/types of work you have been involved in for the last 15 years)

Place of Employment	Type of Work	Start date – End date (approx.)

Please Print Patient's Name: _____

Signature of Patient/Guardian: _____ Date: _____

ADLs (Activities of Daily Living) Reporting Worksheet

Please Circle Either "Yes" or "No" for each ADL below:

- | | | |
|--|-----|----|
| 1. Do you have a driver's license? | Yes | No |
| 2. Can you drive a car by yourself? | Yes | No |
| 3. Can you grocery shop by yourself? | Yes | No |
| 4. Can you use public transportation alone? | Yes | No |
| 5. Do you manage your own money? | Yes | No |
| 6. Can you make your own meals? | Yes | No |
| 7. Can you do your own laundry? | Yes | No |
| 8. Can you do simple household chores? | Yes | No |
| 9. Do you take care of any pets? | Yes | No |
| 10. Can you take care of all of your hygiene activities on your own? (bathing, going to the bathroom, getting dressing etc?) | Yes | No |