

Desert Vista Counseling Services, L.L.C.

Mesa Location
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Mesa, Arizona 85215
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www.desertvistacounseling.com

Scottsdale Location
7403 E. 6th Ave., Suite 5
Scottsdale, AZ 85251
Ph: 480-946-3082
Fax: 480-947-3778

Client Information

Name: _____, _____
Last First Middle Initial

Date of Birth: ____ / ____ / ____ **Email:** _____
month day year

Address: _____
street city state zip

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Emergency Contact:** _____

EMAIL: _____

Relationship to emergency contact: _____

I UNDERSTAND THAT DR. GOLD AND THE THERAPISTS OF DESERT VISTA COUNSELING SERVICES, L.L.C., ARE NOT PROVIDORS FOR ANY GOVERNMENT MEDICAL AND/OR MENTAL HEALTH COVERAGE, INCLUDING, BUT NOT LIMITED TO, MEDICARE AND MEDICAID. BY SIGNING BELOW, I AM ACKNOWLEDGING THAT I HAVE BEEN INFORMED OF THIS POLICY AND I AM DECLARING THAT I DO NOT HAVE MEDICARE OR MEDICAID OR ANY OTHER GOVERNMENT HEALTHCARE COVERAGE.

SIGNATURE: _____ **DATE:** _____

I authorize the following credit card to be on file and for Desert Vista Counseling Services to charge this credit card under the following circumstances: 1) **services** received for which other payment has not already been made, 2) **appointments that I miss or cancel within less than 24 hours of my scheduled time.** I also authorize a **fee of \$35** to be charged to this card under the following circumstances: 1) **Check payment returned due to insufficient funds,** 2) if **credit card on file is declined** when payment processed, and 3) **failure to return book(s)** (\$35 per book) borrowed from DVCS within 30-days of receipt of written request from DVCS that book be returned).

Credit Card Type: _____ Visa _____ MasterCard

Name as it appears on the card: _____

Credit Card Number: _____

Expiration Date: ____ / ____ / ____
Month Day Year

CVC Code (3-digit code on back of card): _____

Client's Printed Name: _____

Client's Signature: _____ Date: _____

Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder? If yes,

No Yes who/why (list all): _____

Prior or current medication used for depression, anxiety, bi-polar disorder, schizophrenia? If yes:

No	Yes	Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Has any family member used medications for the mental health issues listed above? If yes, who/what/why (list all): _____

No Yes

CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms currently present)

None = This symptom not present at this time • **Mild** = Impacts quality of life, but no significant impairment of day-to-day functioning
Moderate = Significant impact on quality of life and/or day-to-day functioning • **Severe** = Profound impact on quality of life and/or day-to-day functioning

Anxiety and Mood Disturbances (depression and/or mania)

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
depressed mood	[]	[]	[]	[]	guilt	[]	[]	[]	[]
sleep disturbance	[]	[]	[]	[]	hyperactivity	[]	[]	[]	[]
fatigue/low energy	[]	[]	[]	[]	appetite changes	[]	[]	[]	[]
physical complaints	[]	[]	[]	[]	self-mutilation	[]	[]	[]	[]
poor concentration	[]	[]	[]	[]	delusions	[]	[]	[]	[]
paranoia	[]	[]	[]	[]	difficulty w/ memory	[]	[]	[]	[]
hallucinations	[]	[]	[]	[]	mood swings	[]	[]	[]	[]
aggression	[]	[]	[]	[]	grief/loss	[]	[]	[]	[]
irritability	[]	[]	[]	[]	social anxiety	[]	[]	[]	[]
general anxiety	[]	[]	[]	[]	panic attacks	[]	[]	[]	[]
feeling hopeless	[]	[]	[]	[]	phobias	[]	[]	[]	[]
feeling worthless	[]	[]	[]	[]					
nightmares	[]	[]	[]	[]	social isolation	[]	[]	[]	[]
social withdrawal	[]	[]	[]	[]	obsessions	[]	[]	[]	[]
compulsions	[]	[]	[]	[]	weight loss/gain	[]	[]	[]	[]

Eating Disorders

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
bingeing/purging	[]	[]	[]	[]	anorexia	[]	[]	[]	[]
overeating	[]	[]	[]	[]					

Trauma Survivor (have you ever been abused?)

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
physical trauma	[]	[]	[]	[]	sexual trauma	[]	[]	[]	[]
emotional trauma	[]	[]	[]	[]					

When it started: _____ When it stopped: _____

How often it happened: [] once [] daily [] weekly [] monthly [] several times a year

Trauma Perpetrator (have you ever abused anyone?)

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
physical trauma	[]	[]	[]	[]	sexual trauma	[]	[]	[]	[]
emotional trauma	[]	[]	[]	[]					

When it started: _____ When it stopped: _____

How often it happened: [] once [] daily [] weekly [] monthly [] several times a year

Sexual Difficulties

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
erectile dysfunction	[]	[]	[]	[]	sexual compulsion	[]	[]	[]	[]
sexual aversion	[]	[]	[]	[]	painful intercourse	[]	[]	[]	[]
lack of desire	[]	[]	[]	[]	difficulty achieving orgasm	[]	[]	[]	[]

SUBSTANCE USE HISTORY (check all that apply)

Family alcohol/drug abuse history:

- father stepparent/live-in
- mother uncle(s)/aunt(s)
- grandparent(s) spouse/significant other
- sibling(s) children
- other _____

Substances used:

(complete all that apply)

- alcohol
- amphetamines/speed
- barbiturates/owners
- caffeine
- cocaine
- crack cocaine
- hallucinogens (e.g., LSD)
- inhalants (e.g., glue, gas)
- marijuana or hashish
- nicotine/cigarettes
- PCP
- prescription _____
- other _____

Current Use

First use age	Last use age	(Yes/No)	Frequency	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Substance use status:

- no history of abuse
- active abuse
- early full remission
- early partial remission
- sustained full remission
- sustained partial remission

Treatment history:

- outpatient (age[s] _____)
- inpatient (age[s] _____)
- 12-step program (age[s] _____)
- stopped on own (age[s] _____)
- other (age[s] _____)

Consequences of substance abuse (check all that apply):

- hangovers withdrawal symptoms sleep disturbance binges
- seizures medical conditions assaults job loss
- blackouts tolerance changes suicidal impulse arrests
- overdose loss of control amount used relationship conflicts
- other _____

SOCIO-ECONOMIC HISTORY (check all that apply for patient)

Living situation:

- housing adequate
- homeless
- housing overcrowded
- dependent on others for housing
- housing dangerous/deteriorating
- living companions dysfunctional

Employment:

- employed and satisfied
- employed but dissatisfied
- unemployed
- coworker conflicts
- supervisor conflicts
- unstable work history
- disabled: _____

Financial situation:

- no current financial problems
- large indebtedness
- poverty or below-poverty income
- impulsive spending
- relationship conflicts over finances

Highest Level of Education:

- some high school
- GED
- high school graduate
- some college
- associate's degree
- bachelor's degree
- graduate degree
- law degree
- advanced degree (post-master's) : Indicate type of degree (M.D., D.O., Ph.D., etc.) _____

Current Profession: _____

Social support system:

- supportive network
- few friends
- substance-use-based friends
- no friends
- distant from family of origin

Military history:

- never in military
- served in military - no incident
- served in military - **with** incident

Legal history:

- no legal problems
- now on parole/probation
- arrest(s) not substance-related
- arrest(s) substance-related
- court ordered this treatment
- jail/prison _____ time(s)
- total time served: _____
- describe last legal difficulty: _____

Sexual history:

- heterosexual orientation
- homosexual orientation
- bisexual orientation
- currently sexually active
- currently sexually satisfied
- currently sexually dissatisfied
- age first sex experience _____
- age first pregnancy/fatherhood _____
- history of promiscuity age ___ to ___
- history of unsafe sex age __ to ___
- Additional information: _____

Cultural/spiritual/recreational history:

- cultural identity (e.g., ethnicity, religion): _____
- describe any cultural issues that contribute to current problem: _____
- currently active in community/recreational activities? Yes No
- formerly active in community/recreational activities? Yes No
- currently engage in hobbies? Yes No
- currently participate in spiritual activities? Yes No
- if answered "yes" to any of above, describe: _____