

# Caroline Paltin Ph.D.

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## Intake Brief History

You may use backs of pages or additional paper.

Name, \_\_\_\_\_

Address :

\_\_\_\_\_ zip \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Cell \_\_\_\_\_ email \_\_\_\_\_

Fax: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN# \_\_\_\_\_ CDL# \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Primary Subscriber: \_\_\_\_\_

Group Number: \_\_\_\_\_ Mailing address with zip  
code \_\_\_\_\_

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

Name of Spouse: \_\_\_\_\_

Name of others with whom you reside and ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your reason for seeking treatment today?

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How long has this problem existed?

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How do you see therapy helping with this problem?

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What has been unsuccessful in helping with this problem?

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How would a good friend describe your assets or strengths?

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How would this friend describe your areas of growth?

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Are there significant relationships in your life which will be an aspect of treatment?

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Have you ever been hospitalized for an emotional/psychiatric problem?  
(give approximate dates, illness and length of stay):  
Have you ever experienced legal problems or an arrest? (specify dates and incidences)

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Have you had a DUI?

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Is this course of treatment related to a legal problem?

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Have you ever been a victim of a crime?

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Medical History:

List any medications you are currently taking, including dosages

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Approximately how much do you drink per day?

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It is important in understanding your symptoms that I am made aware of any medications or drugs you take which may mimic certain psychiatric symptoms.

Do you use drugs recreationally? (This information is protected under confidentiality laws): \_\_\_\_\_

List which drugs and frequency of use:

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Do you feel use of drugs or alcohol is a problem in your life at this time?

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Have you been hospitalized for a health problem or required surgery?

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Are you currently experiencing any health problems? Explain:

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Do you experience any of the following?

Headaches \_\_\_ Stomach ache \_\_\_ nausea \_\_\_ spastic colon \_\_\_  
asthma \_\_\_ heart problems \_\_\_ pain \_\_\_ trouble walking \_\_\_ trouble  
with self care \_\_\_ trouble sleeping \_\_\_ eating problems \_\_\_ vision  
problems \_\_\_ unexplained pains or aches \_\_\_ nervousness \_\_\_  
fatigue \_\_\_ panic \_\_\_ extreme low energy \_\_\_ frequent colds  
\_\_\_ memory problems \_\_\_ temper problems \_\_\_ weight  
problems \_\_\_ other \_\_\_\_\_

Please list history of surgeries and hospitalizations with year and procedure:

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Have you ever experienced any of the following?

Unexplained or out of the ordinary sounds, visions or physical sensations

Voices which appear to be “in your head” \_\_\_ Voices which appear to be  
in the room \_\_\_\_\_

Describe the nature or content of these voices

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Does changing your activity alleviate these voices? \_\_\_\_\_

Prenatal History of mother:

During your pregnancy , did your mother use cigarettes: \_\_\_\_\_ alcohol \_\_\_\_\_  
drugs \_\_\_\_\_ Or have extreme stress \_\_\_\_\_

Specify amounts and durations \_\_\_\_\_

List any birth complications

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How would you describe your overall health?

What is the earliest age for which you have memories? \_\_\_\_\_

What is your earliest memory ?

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Have you experienced a traumatic or life changing event? Please describe  
any specific to the past few years as well as further in your past or childhood  
which have dramatically effected your  
life. \_\_\_\_\_

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As a child did you experience separation from mother \_\_\_\_\_ out of home care  
\_\_\_\_\_ disruption of bonding \_\_\_\_\_ depression of mother \_\_\_\_\_ abuse \_\_\_\_\_  
neglect \_\_\_\_\_ chronic pain \_\_\_\_\_ parental stress \_\_\_\_\_

If yes, please specify

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As an adult have you ever experienced Separations from spouse/partner  
\_\_\_\_\_ depression of spouse/partner \_\_\_\_\_ Abuse \_\_\_\_\_ neglect \_\_\_\_\_

Chronic pain \_\_\_\_\_ marital stress \_\_\_\_\_ Work or school stress \_\_\_\_\_ Family  
stress \_\_\_\_\_

If yes, please specify

List five adjectives that describe your mother

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Five that describe your father

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Five that describe siblings

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Five that describe your spouse

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Relationship with mother is: in contact \_\_\_\_ pleasant but conflicted \_\_\_\_  
no contact \_\_\_\_

Disappeared \_\_\_\_ deceased \_\_\_\_

Relationship with mother is : in contact \_\_\_\_ pleasant but conflicted \_\_\_\_  
no contact \_\_\_\_

Disappeared \_\_\_\_ deceased \_\_\_\_

Relationship with siblings is(are) in contact \_\_\_\_ pleasant but conflicted  
\_\_\_\_ no contact \_\_\_\_

Disappeared \_\_\_\_ deceased \_\_\_\_

People in household growing up (other than above)

Adults: \_\_\_\_\_ relationship

Children: \_\_\_\_\_ relationship and ages

As a child did your parents work outside the home?

If your parents separated or divorced while you were a minor, how often did you see them? \_\_\_\_\_

Did and does any parent have legal issues?

List any history of mental illness or addictions in immediate and extended family while you were a minor (eg. Depression, anxiety, manic-depression, suicide attempts, alcoholism/drugs, ADHD etc)

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Have you witnessed parental arguments as a minor? \_\_\_\_\_  
Have you witnessed domestic violence as a minor? \_\_\_\_\_  
How were you disciplined as a minor?

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Number of moves you made as a minor \_\_\_\_\_ as an adult \_\_\_\_\_  
Do you have supportive people in your life at this time with whom you can confide your problems?

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List all marriages, dob of spouse(s) date of marriage and date of separation/divorce(s)

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What is your relationship currently with each spouse? \_\_\_\_\_

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List biological/adoptive children ages and DOB and co-parent of each

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List relationship with each child (in contact, conflictual deceased, etc)  
Does present spouse/partner work outside the home : \_\_\_\_\_  
Did your past spouse(s) work outside the home: \_\_\_\_\_  
If you and your present spouse are sep/divorced what is the visitation schedule : \_\_\_\_\_  
Does your partner have an current or past legal issues?

List any history of mental illness, addiction in immediate family

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Have you had arguments with your spouse/partner \_\_\_\_\_  
specify: \_\_\_\_\_

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Have you abused or been abused by your spouse/partner? \_\_\_\_\_  
specify:

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Have you been verbally abused by or have you abused someone else? \_\_\_\_\_  
Specify

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Have you been physically abused by or physically abused someone else?  
\_\_\_\_\_ Specify

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Have you been sexual abused by or have you sexually abused someone else?  
\_\_\_\_\_ Specify

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Name of your primary care health physician: \_\_\_\_\_

phone: \_\_\_\_\_

### Family History of Mental Health Problems

Please list any family members who have experienced mental or emotional difficulties or difficulties related to the problem for which you are seeking treatment today.

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Are you actively affiliated with a church or temple? \_\_\_\_\_

Do you view this as a support with your problem? \_\_\_\_\_

What three primary aspects of your life would you like to change at the current time:

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What was the best point of functioning in your life so far?

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What point in your life was the most difficult so far?

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When you are faced with difficulties, what is your usual manner of coping?

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How do you do at work or school or volunteer activities in terms of productivity?\_\_\_\_\_