

NANCY WETHERELL, LPC, NCC, PLLC
Independent Licensed Therapist

AM/PM _____
Patient's Name _____ Date of Birth _____ Date of Session _____ Time of Session _____ Duration _____
Procedure: Individual Family

Participants

1. What are you seeking help for today?

2. How long have these issues been a concern? How often are these an issue for you?

3. How do these concerns affect your daily living? How have they impacted your family/significant others?

4. What has been done so far to address these concerns? What seems to help? What makes them worse?

5. How will you know if things are better/improving?

6. What type of resources, supports, and strengths do you have available to help address these concerns?

Prior psychiatric/psychological treatment _____

Current psychiatric medication/prescriber? _____

Medical Concerns/Medications? _____

Last visit to PCP/why? _____

Present substance usage, types, amounts and frequency _____

Present living circumstances/marital status _____

Family history of abuse, mental illness or substance abuse _____

Legal issues? _____

Education: _____

Symptoms apparent at intake (report of patient/family)

sleep disturbance-onset sleep disturbance-early waking decreased motivation appetite disturbance