



# Del Ray Psychological & Wellness Associates

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## SURGICAL CLIENT INTAKE FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### PRESENTING PROBLEMS

**SURGICAL PROCEDURE:** \_\_\_\_\_

### PRIMARY PROBLEMS

### DURATION (months)

### ADDITIONAL INFORMATION


### 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

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
depressed mood	[ ]	[ ]	[ ]	[ ]	bingeing/purging	[ ]	[ ]	[ ]	[ ]	guilt	[ ]	[ ]	[ ]	[ ]
appetite disturbance	[ ]	[ ]	[ ]	[ ]	laxative/diuretic abuse	[ ]	[ ]	[ ]	[ ]	elevated mood	[ ]	[ ]	[ ]	[ ]
sleep disturbance	[ ]	[ ]	[ ]	[ ]	anorexia	[ ]	[ ]	[ ]	[ ]	hyperactivity	[ ]	[ ]	[ ]	[ ]
elimination disturbance	[ ]	[ ]	[ ]	[ ]	paranoid ideation	[ ]	[ ]	[ ]	[ ]	dissociative states	[ ]	[ ]	[ ]	[ ]
fatigue/low energy	[ ]	[ ]	[ ]	[ ]	circumstantial symptoms	[ ]	[ ]	[ ]	[ ]	somatic complaints	[ ]	[ ]	[ ]	[ ]
psychomotor retardation	[ ]	[ ]	[ ]	[ ]	loose associations	[ ]	[ ]	[ ]	[ ]	self-mutilation	[ ]	[ ]	[ ]	[ ]
poor concentration	[ ]	[ ]	[ ]	[ ]	delusions	[ ]	[ ]	[ ]	[ ]	significant weight gain/loss	[ ]	[ ]	[ ]	[ ]
poor grooming	[ ]	[ ]	[ ]	[ ]	hallucinations	[ ]	[ ]	[ ]	[ ]	concomitant medical condition	[ ]	[ ]	[ ]	[ ]
mood swings	[ ]	[ ]	[ ]	[ ]	aggressive behaviors	[ ]	[ ]	[ ]	[ ]	emotional trauma victim	[ ]	[ ]	[ ]	[ ]
agitation	[ ]	[ ]	[ ]	[ ]	conduct problems	[ ]	[ ]	[ ]	[ ]	physical trauma victim	[ ]	[ ]	[ ]	[ ]
emotionality	[ ]	[ ]	[ ]	[ ]	oppositional behavior	[ ]	[ ]	[ ]	[ ]	sexual trauma victim	[ ]	[ ]	[ ]	[ ]
irritability	[ ]	[ ]	[ ]	[ ]	sexual dysfunction	[ ]	[ ]	[ ]	[ ]	emotional trauma perpetrator	[ ]	[ ]	[ ]	[ ]
generalized anxiety	[ ]	[ ]	[ ]	[ ]	grief	[ ]	[ ]	[ ]	[ ]	physical trauma perpetrator	[ ]	[ ]	[ ]	[ ]
panic attacks	[ ]	[ ]	[ ]	[ ]	hopelessness	[ ]	[ ]	[ ]	[ ]	sexual trauma perpetrator	[ ]	[ ]	[ ]	[ ]
phobias	[ ]	[ ]	[ ]	[ ]	social isolation	[ ]	[ ]	[ ]	[ ]	substance abuse	[ ]	[ ]	[ ]	[ ]
obsessions/compulsions	[ ]	[ ]	[ ]	[ ]	worthlessness	[ ]	[ ]	[ ]	[ ]	other (specify) _____	[ ]	[ ]	[ ]	[ ]

Are you currently experiencing any suicidal thoughts? If yes, please fill out:

Frequency of thoughts	When did thoughts begin?	Passive or Active?	Plans?	Attempts?	Please list prior ideation and/or suicide attempts with dates



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## EMOTIONAL/PSYCHIATRIC HISTORY

Prior **outpatient** psychotherapy?

No Yes

Date(s)	Therapist/Facility	Reason for seeking treatment	Interventions	Beneficial?

Prior **inpatient** treatment for a psychiatric, emotional, or substance use disorder?

No Yes If yes, on \_\_\_\_\_ occasions. Longest treatment at \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name of facility Month/Year Month/Year

Inpatient facility name City/State Diagnosis Intervention/Modality Beneficial?

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

No Yes If yes, (list all): \_\_\_\_\_

Prior or current psychotropic medication usage? If yes:

No Yes

MEDICATION	DOSAGE	START DATE/END DATE	PHYSICIAN	SIDE EFFECTS	BENEFICIAL?

## MEDICAL HISTORY

Describe current physical health:  Good  Fair  Poor

List name of primary care physician:

Name \_\_\_\_\_ Phone \_\_\_\_\_

List name of psychiatrist: (if any):

Name \_\_\_\_\_ Phone \_\_\_\_\_

List any medications currently being taken (give dosage & reason):

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

List any known allergies: \_\_\_\_\_

Is there a history of any of the following in the family:

- tuberculosis  heart disease
- birth defects  high blood pressure
- emotional problems  alcoholism
- behavior problems  drug abuse
- thyroid problems  diabetes
- cancer  Alzheimer's disease/dementia
- mental retardation  stroke
- other chronic or serious health problems \_\_\_\_\_

Describe any serious hospitalization or accidents:

Date \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_  
Date \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_  
Date: \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_



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## FAMILY HISTORY

### FAMILY OF ORIGIN

#### Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
mother	[ ]	[ ]	[ ]
father	[ ]	[ ]	[ ]
stepmother	[ ]	[ ]	[ ]
stepfather	[ ]	[ ]	[ ]
brother(s)	[ ]	[ ]	[ ]
sister(s)	[ ]	[ ]	[ ]
other (specify)	[ ]	[ ]	[ ]

#### Parents' current marital status:

[ ] married to each other  
 [ ] separated for \_\_\_ years  
 [ ] divorced for \_\_\_ years  
 [ ] mother remarried \_\_\_ times  
 [ ] father remarried \_\_\_ times  
 [ ] mother involved with someone  
 [ ] father involved with someone  
 [ ] mother deceased for \_\_\_ years  
 age of patient at mother's death \_\_\_  
 [ ] father deceased for \_\_\_ years  
 age of patient at father's death \_\_\_

#### Describe parents:

<b>Father</b>	<b>Mother</b>
full name _____	_____
occupation _____	_____
education _____	_____
general health _____	_____

#### Describe childhood family experience:

[ ] outstanding home environment  
 [ ] normal home environment  
 [ ] chaotic home environment  
 [ ] witnessed physical/verbal/sexual abuse toward others  
 [ ] experienced physical/verbal/sexual abuse from others

Special circumstances in childhood: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### IMMEDIATE FAMILY

#### Marital status: household:

[ ] single, never married  
 [ ] engaged \_\_\_ months  
 [ ] married for \_\_\_ years  
 [ ] divorced for \_\_\_ years  
 [ ] separated for \_\_\_ years  
 [ ] divorce in process \_\_\_ months  
 [ ] live-in for \_\_\_ years  
 [ ] \_\_\_ prior marriages (self)  
 [ ] \_\_\_ prior marriages (partner)

#### Intimate relationship:

[ ] never been in a serious relationship  
 [ ] not currently in relationship  
 [ ] currently in a serious relationship

#### Relationship satisfaction:

[ ] very satisfied with relationship  
 [ ] satisfied with relationship  
 [ ] somewhat satisfied with relationship  
 [ ] dissatisfied with relationship  
 [ ] very dissatisfied with relationship

#### List all persons currently living in patient's

Name	Age	Sex	Relationship to patient
_____	_____	_____	_____
_____	_____	_____	_____

#### List children not living in same household as patient:

_____	_____	_____	_____
_____	_____	_____	_____

Frequency of visitation of above: \_\_\_\_\_

Describe any past or current significant issues in intimate relationships: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any past or current significant issues in other immediate family relationships: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SOCIO-ECONOMIC HISTORY

#### Living situation:

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

#### Social support system:

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

#### Sexual history: (Optional)

[ ] heterosexual orientation [ ] currently sexually dissatisfied  
 [ ] homosexual orientation [ ] age first sex experience \_\_\_\_\_  
 [ ] bisexual orientation [ ] age first pregnancy/fatherhood \_\_\_  
 [ ] currently sexually active [ ] history of promiscuity age \_\_\_ to \_\_\_  
 [ ] currently sexually satisfied [ ] history of unsafe sex age \_\_\_ to \_\_\_  
 Additional information: \_\_\_\_\_





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## DEVELOPMENTAL HISTORY (check all that apply for a child/adolescent patient or relevant childhood factors for an adult)

### Problems during

#### mother's pregnancy:

- none
- high blood pressure
- kidney infection
- German measles
- emotional stress
- bleeding
- alcohol use
- drug use
- cigarette use
- other \_\_\_\_\_

### Birth:

- normal delivery
- difficult delivery
- cesarean delivery
- complications \_\_\_\_\_
- birth weight \_\_\_lbs \_\_\_oz.

### Infancy:

- feeding problems
- sleep problems
- toilet training problems

### Childhood health:

- chickenpox (age \_\_\_\_\_)
- German measles (age \_\_\_)
- red measles (age \_\_\_\_\_)
- rheumatic fever (age \_\_\_)
- whooping cough (age \_\_\_)
- scarlet fever (age \_\_\_\_\_)
- autism
- ear infections
- allergies to \_\_\_\_\_
- significant injuries \_\_\_\_\_
- chronic, serious health problems \_\_\_\_\_
- lead poisoning (age \_\_\_\_\_)
- mumps (age \_\_\_\_\_)
- diphtheria (age \_\_\_\_\_)
- poliomyelitis (age \_\_\_\_\_)
- pneumonia (age \_\_\_\_\_)
- tuberculosis (age \_\_\_\_\_)
- mental retardation
- asthma

### Delayed developmental milestones (check only those milestones that did not occur at expected age):

- sitting
- rolling over
- standing
- walking
- feeding self
- speaking words
- speaking sentences
- controlling bladder
- other \_\_\_\_\_
- controlling bowels
- sleeping alone
- dressing self
- engaging peers
- tolerating separation
- playing cooperatively
- riding tricycle
- riding bicycle

### Emotional / behavior problems (check all that apply):

- drug use
- alcohol abuse
- chronic lying
- stealing
- violent temper
- fire-setting
- hyperactive
- animal cruelty
- assaults others
- disobedient
- repeats words of others
- not trustworthy
- hostile/angry mood
- indecisive
- immature
- bizarre behavior
- self-injurious threats
- frequently tearful
- frequently daydreams
- lack of attachment
- distrustful
- extreme worrier
- self-injurious acts
- impulsive
- easily distracted
- poor concentration
- often sad
- breaks things
- other \_\_\_\_\_

### Social interaction (check all that apply):

- normal social interaction
- isolates self
- very shy
- dominates others
- alienates self
- associates with acting-out peers
- authority conflicts

### Intellectual / academic functioning (check all that apply):

- normal intelligence
- mild retardation
- attention problems
- high intelligence
- moderate retardation
- learning problems
- underachieving
- severe retardation

Current or highest education level \_\_\_\_\_  
 Current School \_\_\_\_\_

Describe any other developmental problems or issues: \_\_\_\_\_



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**FINAL QUESTION(S):** Please answer honestly and to the best of your ability.

*What medical procedure are you pursuing at this time?*

*Why are you pursuing this procedure at this time?*

*What do you know about this procedure?*

*What are your expectations regarding the outcome of this procedure?*

*What are the challenges that you may face before, during, or after this medical procedure?*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_



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