

## **2. What has caused the person to seek services at this time?**

That is the situation that makes you seek services? Diagnosis and where who and where Diagnosis you ?

What are the symptoms that you are having?

When did your symptoms start ? speech delay, needs help with social interaction, hitting

What behavioral issue are you having ?

How is it effecting your relationships ?

What are the triggers?

Feeling tired or having little energy?

Feeling bad about yourself or that you are a failure or have let yourself or your family down?

Trouble falling or staying asleep, or sleeping too much?

Do you Feeling nervous, anxious or on edge ?

Not being able to stop or control worrying?

Being so restless that it is hard to sit still ?

Becoming easily annoyed or irritable?

Feeling afraid as if something awful might happen?

What makes you feel that way ?

Constantly on guard, watchful, or easily startled?

Have had nightmares about it or thought about it when you did not want to?

Are you sleeping at night ? How many hours ?

Poor appetite or overeating?

Have any physical pain?

Has any medical conditions or symptoms related to current situation?

Weight gain or loss recently ?

How you had any trauma or Loss?

Are experiencing psychological or emotional concerns ?

Are there any behavioral issues? Yes If so, how is it affecting your family or your problems functioning in the community?

Do you have a mental health Diagnosis? Are you receiving ongoing treatment? (If still needed why?)

Does patient being referred have a medical condition or Diagnosis related to mental health related to Diagnosis?

Have they received therapy services before?

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Race/Ethnicity cultural issues?

Any Psychiatric Hospitalization?

Any problems with Coping with significant loss?

ANY Medications Prescribed?

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Any recurring thoughts of hurting yourself or anyone else, stressful situation, past trauma or fears ?

**Any Risk or current issues such as Suicidal or Homicidal Ideation**

**Any History of Suicidal:** Yes How many attempts: What method was used: If Yes date of last attempt

**Problems with school?** If a children.

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**Problems at school:** if Yes Behavioral or Academic or Both Has **Individual Education Plan** (on an IEP): so

**Any involvement with Department** of DCF or, DYS or DMH

**If an adult**

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**Adult Problems:** Vocational  Job  Community support  Financial  Children or spouse   
Stressors  Transportation

**Housing difficulties:**  **Substance abuse History**  **Court Involved?** History of Domestic **violence** If yes, is **perpetrator still in the home:**

**Is there any other information I need to know that is important for this referral ?**

Can we have copies of any assessments and treatment plans and consent forms? (Fax, Email, Mail)