

# Insight Psychological Services

5212 E. 69<sup>th</sup> Place  
Tulsa, Oklahoma 74136

Date \_\_\_\_\_

Name _____	Date of Birth _____
Name of Insurance Provider _____	Age _____ Gender _____
Address _____	City _____ State _____ Zip _____

## Primary concerns

What brings you to therapy/testing? Describe any concerns you have and how long they have occurred.

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## Mental health history

Describe any history with therapy, counseling, inpatient treatment, and/or psychological testing.

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**Family and Childhood History**

Who currently lives in your home? List their age and relationship to you. \_\_\_\_\_

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

Marital Status:  Married  Separated  Divorced  Unmarried  Widowed

If married, for how long? \_\_\_\_\_

History of separation/divorce: \_\_\_\_\_

Describe your current relationship with childhood family members (parents, siblings, etc.). \_\_\_\_\_

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

Who do you turn to for support? \_\_\_\_\_

Any non-family that played a role in your childhood, in a positive or negative way? \_\_\_\_\_

Are there any experiences from childhood and/or adolescence that continue to impact your current life in an obvious or subtle way? \_\_\_\_\_

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

**Abuse/Trauma History:** Have you ever been abused, experienced a traumatic event, or caused harm to another?  Yes  No If Yes, check all that apply IF No, SKIP THIS SECTION.

- |   |  |
|---|--|
| <input type="checkbox"/> Victim of emotional abuse                                      | <input type="checkbox"/> Witnessed or experienced community violence |
| <input type="checkbox"/> Victim of verbal abuse   | <input type="checkbox"/> Physically harmed another person            |
| <input type="checkbox"/> Victim of physical abuse                                       | <input type="checkbox"/> Sexually abused or molested another person  |
| <input type="checkbox"/> Victim of physical neglect                                     | <input type="checkbox"/> Harmed an elderly/older person              |
| <input type="checkbox"/> Victim of domestic violence/abuse                              | <input type="checkbox"/> Purposely cut or burned her/himself         |
| <input type="checkbox"/> Victim of sexual abuse/molestation                             | <input type="checkbox"/> Been cruel to animals                       |
| <input type="checkbox"/> Experienced a traumatic event (e.g., witnessed violence, etc.) |  |

Provide additional information for any "Yes" answers:

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

**Social History**

List any concerns with your current social life: \_\_\_\_\_

Are there any types of relationship dynamics that seem to occur repeatedly in life? \_\_\_\_\_

What role do you fill within groups of friends/peers? \_\_\_\_\_

**Occupational and Educational History**

Highest Education:  High School  Some College  Bachelor's  Master's  Professional/Doctoral

Any challenges navigating high school and/or college academics? \_\_\_\_\_

What was your major/area of focus? \_\_\_\_\_

Current place of employment (length of employment, job duties, etc.) : \_\_\_\_\_

Is there any past employment of importance? \_\_\_\_\_

**Medical History**

Describe your current physical health:  Excellent  Good  Fair  Poor

Describe any current and/or past health problems, such as major injuries or illnesses:

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

Are you taking any medications (prescription, over-the-counter, herbal, etc.)?  Yes  No

List current medications here (type, amount, and times per day) and medication prescriber:

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

**Substance Use History**

Describe any current use of nicotine, alcohol, and marijuana, including how much and how frequent.

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List any relevant history of drug use at earlier points in your life. \_\_\_\_\_

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Is there anything else you want to discuss but you are not comfortable sharing at this time? YES NO

Thank you for taking the time to complete this paperwork.