Psychiatric Associates of West Michigan
1403 60th St SE
Kentwood MI 49508
(616)719-4488

Initial Evaluation Information

Patient Name:_____ Date of Birth: _____

Completed by: _____

Education: __in school (grade_____) __high school graduate
__college graduate __post-graduate

Employment: Current position: _____ how long? _____

Marital Status: __Never Married __Married (how long _____)
__Divorced (how long_____) __Widowed (how long_____)

Living in your household:

Name	Age	Relationship	Quality of relationship
_____	___	_____	good/fair/poor
_____	___	_____	good/fair/poor
_____	___	_____	good/fair/poor
_____	___	_____	good/fair/poor

Other family:	Deceased:	Quality of relationship
Father(step?):_____	yes/no	good/fair/poor
Mother(step?):_____	yes/no	good/fair/poor
Siblings:_____	yes/no	good/fair/poor
_____	yes/no	good/fair/poor

Current symptoms:

__lack of energy
__sleep difficulties
__appetite changes
__not enjoying things
__sadness
__can't make decisions
__lacking in confidence
__thoughts of hurting self
__intrusive thoughts
__feeling tense
__always worried
__difficulties at work/school
__marital/relationship difficulties
__can't concentrate
__very restless
__feel like hurting someone
__easily angered
__compulsive behaviors
__nightmares
__problems with alcohol
__bedwetting
__sexual problems
__shy with people
__problems with drugs
__financial problems
__feelings of guilt/shame

Previous Mental Health Treatment ___no ___yes where and when? _____

History of Abuse/Trauma ___yes ____no

History of Legal Problems ___yes ___no