INTAKE

Client Name Teisha Robinson Date

PRESENTING PROBLEM

What made you decide to come for services at this time?
Client reports stress and anxiety related to the work place.

SYMPTOMS

What kind of symptoms are you having?
Client reports having panic attacks, headaches and unable to sleep

How have these symptoms changed from how you were previously feeling or how you were functioning?
The severity of it increased, there has been an additional amount of headaches

HISTORY of PROBLEM

Tell me about the history of your problem. Please include onset, how it has changed, how you have been affected by this problem.
Client never had this amount of headaches. Recently finished my doctorate and its causing additional stress.

What things have you tried to do to make this problem better? What worked for you and what didn't work for you?
Nothing has help besides praying.

RECENT TRIGGER

What has happened recently that caused this situation to be a problem for you today?
Client has gotten new patients and an increase in workload

FAMILY HISTORY

Where were you born and raised?
In the United states, Manhattan, NY. Parents Migrated here from Nigeria.

Are your parents still married, divorced or deceased? If remarried, how many marriages and divorces for each parent. If divorced, what was the reason for their divorce?
Client parents are married never divorced.

What kind of work did your parents do?
Both parents are Medical doctors

Do you have brothers or sisters? How many of each? What number child are you?

Client has one brother and one sister. Client is the eldest. Sister is in late 30s and Brother in late 20s

Tell me about your family as a child. Were there any problems or circumstances that you feel may contribute to your current circumstances.

Client state the family was pretty supportive and positive

Do you recall being told that you had developmental problems as a child, such as delayed walking or talking, or extended bedwetting?

No

Did you have to attend special education or IEP classes? If so, why?

No

Did you have any learning disabilities? If so, please describe.

No

Did you have any emotional or behavioral problems in school? Please describe.

No

STRENGTHS AND RESOURCES IN THE FAMILY

What strengths do you think exist in your family of origin? Please describe.

Client states family has a strong belief in God

Do you have extended family or other friends that might be supportive of you during this time? (Use relationship, not proper names, i.e., cousin, coworker, etc.)?

Mother, Father and Husband

MARITAL/RELATIONSHIP HISTORY

Describe each marriage. Include age at marriage, how long it lasted and why it ended.

Client has only been married once . Client has been married for 20 years. Couple is in a happy state.

Client has been married since the age of 24.

How many children do you have from each marriage?

Client has 4 children, from her only marriage

If never married, please describe your significant relationships. Include age at the beginning of the relationship, how long it lasted and why it ended.

N\A

How many children do you have from each relationship?

4 children from her only marriage

DOMESTIC VIOLENCE (use only if applicable to your client's issues and always for END)

Describe the event that resulted in your arrest and being ordered to attend the END program.

N/A

Who called the police in this incident?

N/A

What is your relationship to the victim?

N/A

How long have you been involved with your victim?

N/A

If this is an intimate relationship, how and where did you meet?

N/A

Please describe your first abusive relationship, where you were the victimizer.

N/A

Please describe your first relationship where you were the victim.

N/A

What is the most violent thing that has occurred between you and anyone else?

Client got into an altercation with a collegue in the nineth grade.Client states girl was pulling her hair.

How many times have the police been called to your location for a domestic violence event that you were either involved in or that you witnessed? Please explain each situation in detail.

N/A

What issues do you and your victim argue about or fight about most?

N/A

How do you typically end a romantic relationship?

Client will tell them this relationship is over, in a public setting

How does your victim typically end relationships?

N/A

Have family, friends, coworkers, or neighbors expressed concern about you being in this relationship, or expressed concern to your victim about being in a relationship with you. Please explain.

N/A

What is your response to their concern?
N/A

Are you ever afraid of your partner? Please explain.
N/A

Is your partner ever afraid of you? Pease explain.
N/A

FAMILY OF ORIGIN ISSUES

Were there any issues in your family of origin? (I.e., alcoholism, infidelity, abuse issues, etc.)
N/A

Did you family engage in any ethnic or cultural activities? If so, please explain.
My family never partaken in any ethnic or cultural activities.

EDUCATION and VOCATION

(Socioeconomic)

Where do you currently work?
New York Presbyterian

Are you fulltime, part time or a contract worker?
Full timee

How long have you been employed there?
10 years

What types of jobs have you held in the past?
No previous employment before becoming a therapist

Have you ever been fired from a job? If so, please explain.
No

What is current household income? Please include ALL sources of income, including child support, TANIFF, disability, trust funds, etc.
200,000

What is your highest level of education?
Doctorate

Have you ever attended college? (Include type of degree earned, major and if currently attending.)
Yes. Psychology

Did you enjoy school? Please explain.
Yes and No. Client believed college was worth the experience but it had alot of stress

Are you renting or buying your home? If you are living with someone, who are you living with? How long have you lived at your current residence?
Client bought their own home and is living with husband and children. Client has been living there for 10 years

Are you disabled? Please explain.
No

Are you currently in bankruptcy or a debt management program? If so, how long do you have remaining in the program?

No

Do you get food stamps, TANIF or any other government assistance? Please explain.

No

PERSONAL STRENGTHS

What strengths do you think you possess that might help you manage this problem? Please explain.

Client believes that her doctorate can help her get out of this issue. Client states they want to open their own practice

What strengths are noted by the therapist?

- Creativity (originality, ingenuity) ✓
- Curiosity (Interest, novelty-seeking, openness to new experiences)
- Open-mindedness (Judgment, critical thinking)
- Love of learning ✓
- Perspective (Wisdom)
- Bravery (Valor)
- Persistence (Perseverance, industriousness) ✓
- Integrity, (Authenticity, honesty)
- Vitality (Zest, enthusiasm, vigor, energy)
- Love ✓
- Kindness (generosity, nurturance, care, compassion, altruistic love) ✓
- Social intelligence (emotional intelligence, personal intelligence) ✓
- Citizenship (social responsibility, loyalty, teamwork) ✓
- Fairness
- Leadership ✓
- Forgiveness and mercy
- Humility and modesty
- Prudence
- Self-regulation (self-control)
- Appreciation of beauty and excellence (Awe, wonder, elevation)
- Gratitude
- Hope (Optimism, future-mindedness, future orientation)
- Humor (playfulness) ✓
- Spirituality (religiousness, faith, purpose) ✓

MILITARY HISTORY and VOCATIONAL CONCERNS

Have you ever been in the military? Please list branch, length of career, job duties.

N/A

Were you honorably discharged? If no, please explain.

N/A

Are there any job-related issues that you feel may be contributing to your current circumstances. If so, please explain.
N/A

LEISURE ACTIVITIES AND DAILY FUNCTIONING

What do you do for relaxation/recreation?
Client loves to go to the spa, get nails and hair done. However, do to covid she has been able to.

Do you have any hobbies? If so, please explain.
Client loves to collect stamps

Please describe a typical day when you are not working.
Client will wake up to pray at 6:30, then get children ready. Make breakfast, drop kids of to school go home and do laudry.

Have you recreational/relaxation activities decreased? Please explain.
Yes. due to covid. Every activity is limited.

LEGAL ISSUES

Have you ever been arrested for any charge at all? Please explain each charge and the outcome of the charge (probations, fines, jail time)
No

Do you have any current charges pending at this time? Please explain.
No

MEDICAL, HEALTH, NUTRITIONAL CONCERNS

Who is your primary care doctor, or what medical agency do you use?
Doctor Brown who also works for New York Presbyterian

When is the last time you were seen by any doctor and for what reason?
April 1st client went to get an annual check up

Are you currently being treated for any medical conditions? If so, please list them.
No.

Have you had any surgeries? Please list them.
No.

Have you had any broken bones? Please list them and how they were broken.
No.

Have you been in involved any car accidents, experienced a natural disaster, or a serious fall, resulting in injury. Please explain.
No.

Have you ever been diagnosed with anorexia, bulimia, or any other eating disorder?
No.

Do you eat strange food items, such as flour, cornstarch, etc? If so, how long have you been doing this?
No.

SUBSTANCE ABUSE/COMPULSIVE BEHAVIOR HISTORY

Do you believe that you have a problem with alcohol or drugs? If so, why?
Client does not smoke or drink.

Has anyone ever complained to you of having a substance abuse problem or of your using behaviors? Please explain.

Yes, I am a therapist and I have also gotten therapy for other events in ife.

Substance abuse history. Please include age of first use, what was used, how much was used, when it was used, progression of use, last use, and withdrawal symptoms that have been experienced.

Alcohol

N/A

Cannabis

N/A

N/A

Crack/cocaine

N/A

Valium

N/A

Xanax

N/A

Amphetamines (include Adderall, Ritalin, etc.)

N/A

Crystal methamphetamines (include ICE, mollies)

N/A

Loritabs

N/A

Oxycontin

N/A

Other opiates

N/A

Heroin

N/A

Methadone

N/A

Hallucinogenics (acid, LSD, XTC, mushrooms)

N/A

Spice

N/A

Syrup N/A

Any other drug not noted here N/A

Where and where are you most likely to use drugs?
N/A

Have you ever been in a treatment program for substance abuse? Please list each one and how long you stayed in each one?
N/A

How long did you stay clean after each episode?
N/A

Is there a history of substance abuse in your family or origin? Please explain and describe the effects of their using behaviors on you.
N/A

Are you currently living with anyone who is actively using alcohol or drugs? Please describe the impact of their behaviors on you.
N/A

Do you think that your children, spouse, partner or other family members have been affected by your drug use? Please describe.
N/A

Do you have any legal charges related to alcohol or drugs, such as DUI's or arrests? Please explain.
N/A

Have there been any inappropriate sexual behaviors, such as excessive porn, internet porn, or excessive masturbation? Please explain.
N/A

Has anyone complained to you about your sexual behaviors? Please explain.
N/A

Have you made efforts to limit your sexual behaviors by spending more time engaging in sexually risky behaviors, or recovering from sexual behaviors? Please explain.
N/A

Are you engaged in multiple sexual relationships at this time? Please explain.
N/A

Have you ever engaged in sexual behaviors for money? Please explain.
N/A

What is your sexual orientation? Heterosexual

Has anyone ever expressed concern that you might have a gambling problem? Please explain.
No.

Have you spent excessive money on gambling behaviors, including borrowing money, using payday loans or title loans to offset gambling behaviors? Please explain.
No.

Has there been an effort to limit gambling behaviors, taking more risks when gambling, or spending excessive amounts of time gambling? Please explain.
No.

MENTAL STATUS

Please assess general behavior, attire, gait, motor activity, stream of thought (productivity, progression, language), emotional tone and reactions (mood, affect), mental trend/content of thoughts (Orientation, memory general knowledge), insight, and intelligence and add any comments at the end of the history narrative. Otherwise, you will use check-off boxes in therapy charts.

PSYCHOLOGICAL HISTORY

Are you currently, or have you ever been in any kind of counseling or been engaged in any mental health treatment? Please explain.
Yes I have gone to counseling but it wasn't for mental health treatment.

Were you diagnosed with any disorder? Please explain.
No.

Did you complete treatment with your provider? If no, please explain.
Yes they gave me several relaxation techniques

How long did you work with your therapist? 1 year

Do you think that your previous therapy helped you? Why or why not?
Yes

Has anyone in your family been diagnosed with a mental illness? Please explain.
No.

+

Have you been hospitalized for any kind of emotional or behavioral problems? If so, please describe each admission, length of stay and the outcome of that stay.
No.

Have you ever thought about or attempted suicide or homicide? Please describe each experience. Include precipitating factors, means, method, how the attempt was prevented from being successful.
No.

If having thoughts of imminent harm, please respond to the following questions:

- What do you hope to achieve by your death?
  No.
- Do you have the means to end your life? (PAY CLOSE ATTENTION TO DETAILS)
  No.
- How do you feel now if death is obtained? (if client says peaceful or calm, pay close attention)
  No.
- What would keep you from dying?
  No.
- If suicidal, ask: would you be willing to let us get you some help?
  No.

Have you ever taken any kind of psychotropic medications? Are you taking any now? Please state the name, dose, and how many times per day you take them.
No.

Are you sleeping more, less, or about the same as is normal for you? Please explain.
Client is sleeping less.

Are you eating more, less or about the same as is normal for you? Please explain.
Client is eating more

Have you had any traumatic experiences in your life, such as the death of someone important to you, someone you know committed suicide, you have raped or experienced any other abuse that has been traumatic for you? Have to been shot, stabbed, or in any other way felt your life has been in danger? Please explain.
No.

Do you feel you have been physically, emotionally, or sexually abused? If so, how is this abuse affecting you today?
No.

Are you now, or have you ever experienced any flashbacks, nightmares, extreme irritability, being hyper-vigilant, or being jumpy more than usual? Please explain. (be sure to get details to support your dx)

Client is experiencing extreme nightmares, irritability, hyper vigiland and jumpiness.

Do you feel disconnected from your surroundings? Please describe. (Be sure to get details)

No.

In general, do you have difficulty trusting others? Please explain.

Yes.

Do you feel that you have been betrayed in such a way that you have been detrimentally affected by the betrayal? Please explain.

No.