

Naval Medical Center Portsmouth
Health Psychology Intake Questionnaire

Today's Date: _____

Name: _____ ID # 20/30 Sponsor's SS#): _____ - ____ - _____
Last, First, M.I.

Age/Date of Birth: _____ Sex: _____ Marital Status: _____ Ethnicity/Nationality: _____

ACTIVE DUTY:

Rate/Rank: _____ Branch: _____ Status: _____ Total Time in Service: _____ Time remaining: _____

Command or unit: _____ Time at Present Command: _____

Is this visit related to deployment in any way? Please describe: _____

Personal Address (local):

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

HEALTH HISTORY:

Why are you here today (ie, headache, chronic pain, pre-surgical screening, etc)? What are your expectations?

What caused the problem and when did it begin?

What makes the problem worse?: _____

What makes the problem better?: _____

If you have pain, please rate on scale of 0 (no pain) to 10 (most): worst = _____; least = _____; current = _____

Please describe past and current treatments for presenting complaint (surgery, steroid injections, physical therapy): _____

Other significant medical problems: _____

List current medications and dosage: _____

How do others respond to your problem? _____

What is your goal in coming to Health Psychology? _____

How well do you sleep? _____ How is your appetite? _____

How would you describe your mood? _____

MENTAL HEALTH HISTORY:

Have you ever felt depressed? If yes, when: _____

Have you ever thought of ending your life? If yes, when: _____

Have you ever thought of hurting or killing another person? If yes, when: _____

Have you participated in any previous counseling or group therapy? If yes, please describe: _____

Have you ever taken medication for mental health symptoms? If yes, please describe: _____

Have you ever been hospitalized for mental health reasons? If yes, please describe: _____

PERSONAL AND FAMILY HISTORY:

Place of birth: _____ Where did you grow up? _____

Father's age: _____ Health? _____ (if deceased, cause and age at that time): _____

Mother's age: _____ Health? _____ (if deceased, cause and age at that time): _____

Were your parents divorced or separated? _____ If yes, how old were you when that happened? _____

I have _____ brothers and _____ sisters. I was born 1st, 2nd, 3rd, etc _____

How would you describe your childhood? _____

Were you ever physically, sexually, or emotionally abused? _____ If yes, how old were you? _____

Highest grade/degree completed: _____

Employment status (full time, part time, unemployed, LIMDU): _____ Current job: _____

Has religion, faith, or spiritual beliefs been an important part of your life in the past? YES/NO Currently? YES/NO

Are you married? _____ For how long? _____ Divorced? _____

How would you describe your relationship with your spouse? _____

Ages of children: _____ Where do they reside? _____

Past or current legal problems? _____

SUBSTANCE USE HISTORY:

Describe current alcohol use (none, rare, occasional, moderate, heavy): _____

Alcohol consumption (per week, month, or year): _____

Have you ever felt you should cut down on your drinking? _____

Have people ever annoyed you by criticizing your drinking? _____

Have you ever felt guilty about your drinking? _____

Have you ever had a drink first thing in the morning (an eye opener or early morning drink) to steady your nerves or get rid of a hangover or residual drug use? _____

Nicotine use (packs per day): _____ How long? _____

Caffeine consumption per day: _____ Soda/pop consumption: _____

Please describe any significant changes or events in your life in the past 2 years. Were these positive or negative? _____
