



The Anxiety and Stress Disorders Institute of Maryland, LLP

Gibson Building, West Wing, Suite 224 • 6525 N. Charles Street • Towson, Maryland 21204

Telephone: 410-938-8449 • Fax: 410-825-7105 • WWW.ANXIETYANDSTRESS.COM

Clinical Information

(This form is optional but may be useful to bring for your first session if your therapist requests it.)

What problems are you having that prompted you to seek services at ASDI?

In addition, please check those that apply to you:

<ul style="list-style-type: none"> <input type="radio"/> Excessive worry? <input type="radio"/> Panic attacks? <input type="radio"/> Anxious avoidance? <input type="radio"/> Unreasonable fears? <input type="radio"/> Physical tension or bodily stress? <input type="radio"/> Unable to relax? <input type="radio"/> Repetitive thoughts or behaviors? <input type="radio"/> Irritability? <input type="radio"/> Angry outbursts? <input type="radio"/> Sleep disturbance? <input type="radio"/> Poor attention or memory? 	<ul style="list-style-type: none"> <input type="radio"/> Appetite/weight changes? <input type="radio"/> Depressed mood? <input type="radio"/> Suicidal thoughts? <input type="radio"/> Careless or high-risk behaviors? <input type="radio"/> Recent losses? <input type="radio"/> Significant life stress? <input type="radio"/> Relationship problems? <input type="radio"/> Job problems? <input type="radio"/> History of traumatic experience? <input type="radio"/> Financial/economic problems? <input type="radio"/> Legal problems?
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Current treatment

Are you currently in counseling? If so, with whom?

Have you received a diagnosis? If so, please specify.

Please list all medications and doses that you are currently taking and who prescribes them:

Previous treatment

Please list past counseling:

Please list past psychiatric medications:

Please list past psychiatric hospitalizations:



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Substance Use/Abuse

Has your use of alcohol or drugs ever caused any problem (e.g., relationship, legal, job, health, financial) for you or for others? Yes/No If yes, please explain:

Please describe your *current use* of alcohol or drugs:

Please describe your *current use* of caffeine and tobacco:

Family history

Please describe any family history of emotional or substance abuse problems:

Medical history

Please list your significant medical problems past and present:

When was your last physical examination? _____

Primary Care Physician: _____

Is there anything else you think we should know about you or your situation from the outset (e.g., current sources of stress, spiritual beliefs, scheduling issues, etc.)?

What are your goals or expectations for treatment at ASDI?