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:

○ Excessive worry? ○ Panic attacks? ○ Anxious avoidance? ○ Unreasonable fears? ○ Physical tension or bodily stress? ○ Unable to relax? ○ Repetitive thoughts or behaviors? ○ Irritability? ○ Angry outbursts? ○ Sleep disturbance? ○ Poor attention or memory?	○ Appetite/weight changes? ○ Depressed mood? ○ Suicidal thoughts? ○ Careless or high-risk behaviors? ○ Recent losses? ○ Significant life stress? ○ Relationship problems? ○ Job problems? ○ History of traumatic experience? ○ Financial/economic problems? ○ Legal problems?

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?