Heidi Jolson, LPC, CADC-I, LLC
Self-Report Form

Name: _____ Birthday: _____ Age: _____

Please check all of the behavior and symptoms that you consider problematic:

☐	Distractibility	☐	Hyperactivity	☐	Impulsivity
☐	Poor memory/confusion	☐	Seasonal mood changes	☐	Sadness/depression
☐	Hopelessness	☐	Thoughts of death	☐	Self-harm
☐	Loneliness	☐	Low self worth	☐	Guilt/shame
☐	Change in appetite	☐	Lack of motivation	☐	Withdrawal from people
☐	Panic attacks	☐	Fear of being away from home	☐	Social discomfort
☐	Compulsive behavior	☐	Aggression/fights	☐	Frequent arguments
☐	Homicidal thoughts	☐	Flashbacks	☐	Hearing voices
☐	Suspicion/paranoia	☐	Racing thoughts	☐	Excessive energy
☐	Sleep problems	☐	Nightmares	☐	Eating problems
☐	Computer addiction	☐	Problems with pornography	☐	Parenting problems
☐	Relationship problems	☐	Work/school problems	☐	Alcohol/drug use
☐	Boredom	☐	Fatigue	☐	Irritability/anger
☐	Loss of pleasure	☐	Anxiety/worry	☐	Visual hallucinations
☐	Crying spells	☐	Obsessive thoughts	☐	Wide mood swings
☐	Gambling problems	☐	Sexual problems	☐	Other:_____

Additional symptoms or problems:

Please check all those that your problems are affecting:

☐Hygiene	☐Self-esteem	☐Legal matters	☐Recreational activities
☐Relationships	☐Housing	☐Health	☐Handling daily tasks
☐Work/school	☐Sexual activity	☐Finances	

Current Treatment

Provider	Dates Seen	Progress in Treatment
Current Therapist		
Current Prescriber		
Current Treatment Programs		
Community Resources		

History of the problem

Time period	**Details of problem**
Childhood	
Adolescents	

Previous treatment and outcome

Provider/Program	Dates Seen	Progress in Treatment

Hospitalizations

Hospital	Dates	Reason for Hospitalization

High risk behaviors

Suicide

Previous suicide Attempts (date/age)	What caused it?	What did you do?	Treatment received after the attempt

Self Harm

Do you engage in self-harm behavior	☐Yes ☐No
Type of self harm	☐Cutting ☐Burning ☐Scratching ☐Other:_____
What usually leads to self-harm	

Aggressive Behavior

Do you have urges to or thoughts about hurting others?	☐Yes ☐No
History of aggressive behavior	☐Yes ☐No
Prompting events and details of aggressive behavior	

Legal history

☐None	☐On probation	☐ Convicted of felony	☐Involved in custody case
Number of arrests:__	☐Convicted of misdemeanor	☐ Involved in divorce	☐Legal charges

Alcohol/drug use

Current use	☐Alcohol ☐Marijuana ☐Cocaine ☐Methamphetamines ☐Ecstasy ☐Heroin ☐Inhalants ☐LSD ☐Steroids ☐Prescription medications, Type:_____
History of use	
Previous treatment	☐Outpatient ☐Residential ☐IOP
Family history	☐Father ☐Mother ☐Siblings ☐Grandparents ☐Aunts/Uncles ☐Cousins ☐Other:

☐Yes ☐No Do you have withdrawal symptoms? If yes please describe_____

☐Yes ☐No Do you ever have problems with work, relationships, health, the law, etc due to your substance use? If yes please describe_____

Work/school history

Elementary school	
High school	
Job history	

Family/relationship history

Birth place	
Parents marriage	☐ Married☐ Divorced. Age:_____ ☐ Separated☐ Remarried. Age:_____ ☐ Single ☐ Unmarried
Spiritual background/ practice	
Cultural background	
Early childhood experiences (Did you feel loved/ understood/attuned to)	
Trauma/Abuse	☐Sexual abuse ☐Physical abuse ☐Emotional abuse ☐ Neglect ☐Trauma _____☐ Other:_____ Details:

Relationship	**Age**	**How would you describe this person?**	**Quality of relationship**	**Mental health problems**
Mother				
Father				
Stepmother				
Stepfather				
Siblings				
Other				
Spouse/partner				
Children				

Check all that apply to your social network.
☐Family ☐Neighbors ☐Friends ☐Students ☐Co-workers ☐Support/self-help groups
☐Community Groups ☐Religious/spiritual center

Please describe your strengths, skills, and talents.

_____
_____
_____
_____
_____
_____
_____