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Clinical Psychologist

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Adult Service Questionnaire

Name: _____

Reason for the Referral

Please give a brief description of the problems you are having and tell us how you would like for us to help.

History of the Problem

How long has this been a problem, and what have you tried to do about it in the past?

Past Mental Health History

What prior treatment have you had, with whom, and how useful was it? _____

General Medical History

What medical problems do you have, and what surgeries have you had?

What medications are you on now and who has prescribed them?

<u>Medication</u>	<u>Doctor</u>	<u>Purpose</u>

Family Make-Up

Spouse: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Other Concerns

What other concerns, if any, do you wish us to know about and help you with (e.g., marital/family problems, alcohol/drug problems, attention-deficit hyperactivity disorder, headaches)?

Remember to bring this completed questionnaire with you for your appointment. Also, if you have records from previous treatments, it would be useful to us if you could bring copies. Finally, if you have any questions, please do not hesitate to contact us.