Mosaic Counseling Center, PLLC
92 Cornerstone Dr., #107
Cary, NC 27519

Name: _____

Current Symptoms and Problems (Circle any problems you have experienced in the past month)

Depression	Unhappy with your situation	Short attention span	Hallucinations
Grief/Loss	Pessimism about the future	Memory problems	Paranoid thoughts
Anxiety	Traumatic memories	Compulsive behaviors	Other unusual thoughts
Panic attacks	Nightmares	Compulsive overeating	Self-destructive behavior
Fears/phobias	Sleep disturbance	Anorexia	Suicidal urges
Obsessional worry	Appetite changes	Bulimia	Aggressive urges
Feeling helpless or trapped	Fatigue/energy problems	Alcohol abuse/dependence	Unhappy with yourself
Inability concentrating	Drug abuse/dependence	Other: _____	

Habits and Substance Use

Substance Amount Used

Tobacco products: _____

Alcohol: _____

Street Drugs: _____

Other: _____

Psychiatric Treatment History

Psychiatrist/Therapist/Hospital Dates

1. _____

2. _____

Current Medication

1. _____ 3. _____

2. _____ 4. _____

Medical Problems and Surgery

1. _____ 3. _____

2. _____ 4. _____

92 Cornerstone Dr., #107
Cary, NC 27519

Medical Care

Doctor	Address	Medical Problem
1.		
2.		
3.		
4.		

Have you ever had . . . ? (Circle any problems applicable)

Headache	High blood pressure	Gastritis or esophagitis	Other hormonal problem
Head injury	Angina or chest pain	Irritable bowel	Chronic pain
Loss of consciousness	Heart attack	Other intestinal problems	Bone or joint problems
Seizures	Heart rhythm disturbances	Kidney problems	Chronic fatigue
Dizziness or faintness	Heart valve problems	Other urinary tract problems	Fibromyalgia
Numbness and tingling	Shortness of breath	Diabetes	Hepatitis
Weakness	Asthma	Thyroid problems	AIDS
Coordination problems	Tuberculosis	Menstrual problems	Allergies

Other: _____

Any additional information you would like us to know:

_____

_____

_____

_____