

*Holistic Mental Health Assessment Form
for the Private Psychotherapy Practice of
Rhoda Fuchs-Morton MA, CAC, LPC*

Introduction:

Filling out the following form is the first step in the Holistic Mental Health Assessment that forms the foundation for your mental health care in my practice. Please take some reflective time to fill this out. This is the first step in making a very important investment in beginning to address the particular issues you are seeking help for. If you feel you need help filling out the form you are welcome to come to my office and fill it out receiving support and suggestions as you go along, or feel free to call me with questions. Please mail this to:

Rhoda Fuchs-Morton
10 Church Rd.
Elkins Park, PA 19027

It is important that I receive the form at least two days prior to your first scheduled visit so that I have time to thoroughly review it. You may write on the back of each page if there is not enough space under each question.

PERSONAL DATA:

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

WHAT ARE YOU SEEKING HELP FOR:

If you are seeking help for any of the following please see the last pages of the Holistic Mental Health Assessment Form for particular questions and answer those as well:

- Depression
- Anxiety
- Eating Disorder
- Addiction
- An adult seeking help for an adolescent child
- A couple seeking help for their relationship

Please briefly describe what you are seeking help for. What is motivating you to come to therapy?

Please describe all the emotional, mental, physical and spiritual symptoms that are bothering you.

Please describe all the things that cause stress in you life, indicating the things that are most stressful for you.

How do you cope with stress and what do you do to get rid of it?

If the particular issues you are seeking help for were solved what would be different in your life? How do you want me to help you?

Who referred you to the practice and/or what attracted you to the practice?

Please list previous psychotherapy starting with the most recent. Identify the issues you worked on, the professional you worked with, and length of time (approx. dates) and how it was helpful or in what ways it wasn't helpful. The most important part of this question is to describe what you have learned or changed in your life from previous therapy and what you did not find helpful or was frustrating.

Have you ever been hospitalized for mental health reasons? If yes, please indicate dates and reason for hospitalization.

Have you ever attempted suicide and/or have you had suicidal thoughts/impulses?

PHYSICAL/MEDICAL HISTORY:

Please list current medical problems and any medications you are taking.

List history of significant medical problems:

List all current Medical Doctors you are receiving treatment from:

Please describe any areas of the body that you tend to have problems/pain/symptoms with (such as back pain, headaches, stomachaches, constipation...anything that bothers you physically):

Please describe changes you might desire in your physical health:

Please describe your diet and eating habits. Do you struggle with your eating habits and or weight management? Do you use food as a way to cope with stress? Do you desire change in this area of your life? Have you followed diets and been unable to loose weight?

Do you engage in any type of physical activity on a regular basis? Please describe. If not would you like to?

Do you take vitamins and and/or any natural supplements?

FAMILY HISTORY:

If you are married or have a significant relationship please describe if this relationship is positive and supportive, or if it is stressful and how this affects you.

Do you have a history of emotional, physical, mental and/or sexual abuse? Please describe to the degree you feel comfortable. If yes, have you received any treatment and was it helpful?

Please describe issues of major loss in your life from a three generational perspective (i.e. yourself, your parents and siblings and your grandparents (the issues would include divorce/separation of parents, mental health and addictions problems, legal problems, domestic violence, suicide, financial problems, physical/medical problems, moving and relocating a lot etc.):

In your family of origin are there on-going problems with parents and/or siblings? If yes, please describe, also describe if you have made significant changes in this area of your life.

Please describe aspects of your family of origin that you consider a source of joy and resourcefulness (aspects of yourself and/or interpersonal relationships):

Are there people in your family who know what you are struggling with, and do you have any family support with your current issues?

PERSONAL HISTORY:

Do you feel able to identify, manage and express your emotions? What types of emotions do you struggle with the most?

Do you think negatively about yourself? If yes please describe the types of thoughts that go through your mind on a regular basis?

Please describe aspects of yourself that you like.

Do you struggle with any type of interpersonal problems? (i.e. communicating clearly, dealing with conflict, asserting yourself, and feeling accepted and understood etc.)

Please describe any difficulties you might have had in school.

What kind of things did you like to do as a child?
Please describe the most meaningful memories, activities and relationships as a child.

Was your home life difficult as you were growing up? If yes, please indicate the factors that made it difficult.

What kind of interests did you have during your childhood and adolescents? Are there things you were interested in that you have never been able to pursue and still would like to if you had the opportunity?

Do you have hobbies and interests that you currently give time to?

Do you have any compulsive/addictive behavior patterns that you struggle with?
If yes, please describe.

Do you have a history of addiction? If yes, please describe.

Please help me understand how you think and feel about yourself. Describe the overriding kinds of thoughts and feelings that predominate your self-concept and self-worth.

Please describe issues that cause you anger/resentment, fear and/or guilt.

Do you have areas of your life that you carry resentment about and/or have difficulty forgiving yourself or another about?

Do you have a job that you are satisfied with? Does your job cause you stress?

Do you have a spiritual life? Please describe.

Are there things in your life that you wish you could do or change before you die? Please describe what you would want the most out of life before you die.

Do you have a sex life and is it satisfying to you?

Do you have financial and/or legal problems?

Do you have significant supports in your life? Please describe.

Do you feel able to manage your life on a daily basis in a way that is satisfying to you? If not please describe what you struggle with.

What are the things that have brought you the greatest source of satisfaction in your life?

Do you feel hopeful about your future and the possibility of changing the things you are currently struggling with?

Do you feel hopeless about changing certain areas of you life? Please describe.

Do you have any reservations and/or questions about therapy? Have you had disappointing or negative experiences with therapy?

Questions for individuals seeking help for Depression:

When do you think depression started in your life?

What do you think contributes to your depression? What do you think causes depression?

Please describe the types of symptoms that you suffer with from with your depression.
Do you have physical problems that you think might be related to your depression?

Do you have or have you had suicidal thoughts and/or urges? Have you ever attempted suicide? Are there any individuals in your extended family who have committed suicide?

Are there members in your extended family who struggle with depression? Please describe.

Have you been treated previously for depression? Please indicate dates and type of treatment (psychotherapy, medication, hospitalization) and please describe what was helpful.

What kind of things do you do to try to help yourself with your depression?

Do you feel ashamed of your depression? Do you blame yourself and/or others, or certain life events for your depression?

Do you have interpersonal problems? Please describe.

Do you have recurring negative thoughts about yourself? Please describe.

If you have recovered from a period of depression and relapsed do you know what contributed to your relapse?

If you are mildly to moderately depressed what type of symptoms do you struggle with?

Do you have supportive individuals that help you?

Questions for individuals seeking help for an Eating Disorder:

Please describe the symptoms you have and the type of eating disorder.

When did your eating disorder start? Please describe how your eating disorder evolved (i.e. have the symptoms changed over the years)?

What do you think contributes to your eating disorder? Do you have an understanding of underlying causes-please describe.

Do you struggle in other areas of your life such as depression/anxiety/other compulsive behavior?

Please describe course of treatment history. Highlight what has been helpful and what has not been helpful.

Do you have problems with your family of origin? Please describe.

What do you think you need help with the most right now?

Do you have coping skills to help yourself get through urges to use eating disorder symptoms?

How do you cope with stress?

How do you deal with your emotions? Are you able to identify, manage and express your emotions?

Do you struggle with body-image problems? Please describe.

Where do you find support?

Please list all the current treatment providers you are working with:

Do you have a “food plan” and do you work with a Nutritionist?

Questions for individuals seeking help with anxiety.

When do you think anxiety started in your life?

What do you think contributes to your anxiety? What do you think causes anxiety?

Please describe the types of symptoms that you suffer with from with your anxiety.

Have you been treated previously for anxiety? Please indicate dates and type of treatment (psychotherapy, medication, hospitalization) and what was helpful or not.

What kind of things do you do to try to help yourself with your anxiety?

Is there a history of anxiety in your extended family? Please describe.

If you have recovered from a period of strong anxiety and it has returned what do you think contributed to the relapse?

What kinds of things do you worry about?

If you are seeking help as a couple, please fill out the Holistic Mental Health Evaluation Form for both of you, as well as answer the questions below:

Please describe the things that are causing you distress in your relationship.

Do you have children and if you do how do you think your children are affected by the distress in your relationship?

If things changed what would you like different?

Please describe what you value in the relationship.

Do you have any ideas of how each one of you might be bringing in unresolved aspects of family of origin issues?

What is it that you feel your partner does not understand about what is bothering you?

Do you have any ideas of how you might contribute to the problem?

Have you had a time in the relationship when things were harmonious? Do you have any idea what contributed to the changes?

Parents seeking help for an adolescent child (both parents need to fill out the form).

Please describe what you are seeking help for for your adolescent child?

If you have tried to address the problem yourselves or in therapy please describe what you have done?

If the problem was solved what is the change that you desire?

Do you have any understanding of what contributes to the problem?

Are there significant parenting differences regarding addressing the problem? Please describe.

Are there areas as a parent raising your child that you feel guilty about?

Do you have stressors and/or difficulties in your life currently that you struggle with?

Questions for Adolescent who parent is seeking help for.

Please describe why you think your parent/parents are seeking help.

Do you feel there are any reasons why you and or your family might need help?
Please help me understand as thoroughly as possible.

Are you struggling in any way in your life?

If you are struggling what do you wish was different in your life?

Are there any things in your family life that you struggle with?

Please describe aspects of your family life that you value.

Where do you go for support and help?

Questions for individuals seeking help for an addiction.

Please describe the symptoms of your addiction. What are you addicted to?

Please describe the history of your addiction (what age did it start, how did it progress, have you been abstinent from the symptoms for any length of time, how are you struggling currently)

Have you received treatment before? Please indicate dates, treatment provider and how treatment was or was not helpful.

Are you involved in a recovery support network? Please describe.

If you have been in psychotherapy, please describe the kinds of things you have worked on.

Do you struggle with issues related to your family of origin? Please describe.