

GENESIS CONSULTING PSYCHOLOGISTS

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PSYCHOTHERAPY ASSESSMENT CHECKLIST

PERSONAL DATA

Name: _____

Date of Birth: ____/____/____ Age: _____

Address: _____

City: _____ Prov: _____ Post Code: _____

E-mail: _____

Cell: (____) _____ Home: (____) _____

Work: (____) _____ Ins. Group # _____

Insurance Co. _____

Occupation: _____

Employer: _____

Education: _____

Marital Status _____ Currently living with _____

Spouse/Partner's Occupation _____ No. of Children _____

Names / Ages _____

Person to contact in an emergency _____

Phone (____) _____ Relation to you _____

Address: _____

City: _____ Prov: _____ Post Code: _____

MAIN PROBLEMS: Please list the major problems that you would like help with in therapy, and rate the severity of each one according to the scale below:

1-----2-----	3-----4-----	5-----6-----7-----	8-----9-----	10	
Not a Problem	Mild Problem	Moderate Problem	Severe Problem	Couldn't be worse	RATING
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Briefly describe what motivated you to seek therapy at this time (rather than some time earlier or later): _____

(Please use the back of this page or an additional sheet of paper if you need extra space for answers)

(Axis III) MEDICAL PROBLEMS: Do you have any serious medical conditions? (If yes, please describe)..... No Yes

Problems with: Headaches___ Indigestion___ Diarrhea ___ Constipation___ Circulation ___
Shortness of Breath ___ Frequent Urination ___ Body Aches/ Pain ___ Menstrual problems ___

How would you rate your overall health? Excellent ___ Good ___ Fair ___ Poor___

Please list any medications you are taking: _____

In Past Year, how many: Visits to doctor ___ Sick days ___ Cigarettes per day ___

Alcoholic drinks per day ___ Psychotherapy sessions **ever** ___

Number of family members with:

Alcohol/drug problems ___ Psychiatric problems (e.g., depression, psychosis) _____

(Axis IV) CURRENT STRESSFUL EVENTS: Legal ___ Financial ___

Family problems ___ Family Illness ___ Other _____

Are you in an abusive relationship? No__ Somewhat__ Yes__

Recent losses (jobs, relationships, or difficult changes)

Axis V: Self -Report of Assessment of Functioning

DAILY FUNCTIONING: Please give a rough estimate of how many hours per week you spend doing the following in a typical week:	LIFELONG FUNCTIONING: Please check the best and worst times of your life:
Working in your primary job _____	Age Best Times Average times Worst Times
Parenting/Caretaking of others _____	0-5 _____
Doing household chores, bills, etc _____	6-12 _____
TV, Movies _____	13-19 _____
Physical recreation or exercise of some kind _____	20-29 _____
Hobbies (crafts, games, music, reading, etc.) _____	30-39 _____
Social activity with friends, family _____	40-49 _____
Church, spiritual or inspirational activities _____	50-59 _____
Quiet, non-productive, or relaxing time _____	60-69 _____
Average number of hours of sleep <u>per night</u> _____	70-79+ _____

WORST TIME IN LIFE (Please briefly describe). (You may use the back of this page for answers in the following sections, if needed:)

Who helped you through it? _____

Are there things that cause you to feel ashamed or that would be difficult to talk about?
(No need to specify) No Yes

BEST TIME IN LIFE (Please briefly describe) _____

Was there someone to share it with? Yes No

Do you have a close friend who is supportive and someone you can confide in during difficult times?Yes No

What have you done that you are **MOST PROUD OF?**

What are your **STRENGTHS** (How do you cope) when times are hard? _____

Do you feel you are a person of worth at least on an equal basis with others?

Very Much Much Somewhat A little No

How much enjoyment or pleasure are you currently getting out of living?

Very Much Much Moderate A little None

What is your income range?

Under \$20,000 ___ /**\$20-39,000** ___ /**\$40-59,000** ___ /**\$60-80,000** ___ / **Over \$80,000** ___

(Axis V) SELF-ASSESSMENT OF FUNCTIONING: Please rate (from 1-10) how well you feel you are currently functioning in each of the three areas listed below, according the following scale:

10----- 9----- 8----- 7----- 6----- 5----- 4----- 3----- 2----- 1

Excellent Functioning Mild difficulty Moderate difficulty Severe Difficulty Barely able to function

1. General Mood (Depression, Anxiety, etc.) _____

2. Social Relationships? _____

3. Daily work or school? _____

AXIS I: DSM-IV:

Self-Report Checklist of Preliminary Items for Major Categories

MD

In the last month has there been a period of time (of 2 weeks or more) when you were feeling depressed or down most of the day nearly every day?
..... No Yes

Have you felt a lot less interested in things or unable to enjoy the things you used to enjoy? (Was it most of the day nearly every day for at least two weeks?)
..... No Yes

DYS

For two years or more, have you been bothered by depressed mood most of the day, more days than not? No Yes

Have you felt any of the following? Please check:

- Pronounced weight loss or weight gain _____
- Difficulty concentrating/indecisive _____
- Sleeping too much or too little _____
- Recurrent thoughts of death, dying or hurting yourself _____
- Fidgety/Agitated or restless behaviour _____
- Making a plan for suicide _____
- Feeling slowed down, sluggish _____
- Taking some action toward suicide _____
- Feelings of worthlessness or excessive guilt _____
- Fatigue or loss of energy _____

PMD

Have you ever before had a 2 week period when you were feeling depressed or down more days than not? No Yes

MN

In the last month, has there been a period of time when you were feeling so good, high, excited or hyper that other people thought you were not your normal self or you got into trouble? (Did anyone say you were manic? Was that more than just feeling good?)
..... No Yes

Has there been a period of time when you felt so irritable that you shouted at people or started fights/arguments? No Yes

PMN

Have you **ever** had a time when you were feelings so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble: (Did anyone say you were manic, then?) No Yes

DEL

Have you had any unusual experiences, for example did it ever seem like people were talking about you or taking special notice of you? No Yes

What about receiving special messages from people or from the way things were arranged around you, or from the newspaper, radio, or TV? No Yes

SCH

Other than when you were depressed or feeling high, has there been a time when you heard voices, had visions, or saw or smelled things that others couldn't see or smell? .. No Yes

Or did you do something to call attention to yourself like dressing in some odd way or doing something strange? No Yes

ALC

Was there ever a period in your life when you drank too much? (Has alcohol ever caused problems for you?) No Yes

Has anyone ever objected to your drinking - or a doctor told you to stop drinking? No Yes

Have you gone 'on the wagon' or ever tried to cut down on your drinking? No Yes

DRG

Have you used any street drugs, or used prescription drugs in an amount or way that wasn't prescribed? No Yes

If street drug: Has there ever been a time when you took it at least ten times in a one month period of time? No Yes

If prescribed: Did you ever get hooked / dependent? No Yes

PAN

Have you ever had a panic attack, when you felt frightened, anxious, uncomfortable, worried about going crazy or suddenly developed a lot of physical symptoms (e.g., heart-pounding, trembling, dizziness)? No Yes

If yes, has the panic attack been followed by persistent concern about having additional attacks, worry about the implications or consequences of the attack, or a significant change in behaviour related to the attacks? No Yes

OC

Have you ever been bothered by thoughts, impulses or images that caused anxiety and kept coming back even when you tried not to have them? No Yes

What about awful thoughts, like hurting someone against your will, or being contaminated by germs or dirt? No Yes

Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number or checking something several times to make sure you'd done it right? No Yes

PTSD

Is there a traumatic event or memory that keeps coming back in nightmares, flashbacks or thoughts—that you can't put out of your mind, & which continues to cause you great distress? No Yes

AGR

Have you been afraid of leaving the house alone, being in crowds, standing in line, or traveling on buses or trains? No Yes

Have you felt any of the following? Please check:

- | | | | |
|--|-----|------------------------------|-----|
| Pounding, racing heart | ___ | Chest pain or discomfort . | ___ |
| Fear of losing control, going crazy . | ___ | Sweating | ___ |
| Nausea/abdominal distress | ___ | Fear of dying | ___ |
| Trembling, shaking | ___ | Dizzy, lightheaded or faint. | ___ |
| Numbness or tingling sensation | ___ | Shortness of breath | ___ |
| Feelings of choking..... | ___ | Detached from oneself ... | ___ |
| Feelings of unreality or Chills or hot flushes | ___ | | |

SOC

Is there anything that you were ever afraid of or uncomfortable doing in front of other people like speaking, eating or writing? No Yes

PHB

Are there any other things that you have been especially afraid of such as flying, snakes, seeing blood, getting a shot, heights, closed places or certain kinds of animals or insects? No Yes

GAD

In the last six months, have you been particularly nervous or anxious? No Yes

Do you worry a lot about terrible things that might happen? No Yes

Have you felt any of the following? Please check:

Restlessness or feeling keyed up or on edge..... _____ Irritability _____
Being easily fatigued _____ Muscle tension _____
Difficulty concentrating or mind going blank..... _____
Difficulty sleeping or restless sleep _____

SM/HY

Over the last several years, have you had to go to the doctor often because you weren't feeling well? No Yes

Have you worried that something was wrong, even when a doctor told you there was nothing the matter? No Yes

ANO

Have you ever had a time when you weighed much less than other people thought you ought to weigh? No Yes

At that time were you very afraid that you could become fat? No Yes

BUL

Have you often had times when your eating was out of control?..... No Yes

Have you ever made yourself throw-up, used laxatives or exercised a lot to prevent weight gain? No Yes

ADD

Have you had trouble concentrating on things or paying attention for at least 6 months? No Yes

Have you had symptoms of hyperactivity, impulsivity, or restlessness that has persisted for at least 6 months? No Yes

AXIS II: DSM-IV: Self-Report Checklist of Preliminary Items for Major Categories

AVD

Have you avoided jobs or tasks that involved having to deal with a lot of people? ... No Yes

Do you avoid getting involved with people unless you are certain they will like you? No Yes

Do you find it hard to be "open" even with people you are close to? No Yes

Do you often worry about being criticized or rejected in social situations? No Yes

Are you usually quiet when you meet new people? No Yes

Do you believe that you're not as good, as smart, or as attractive as most other people? No Yes

Are you afraid to try new things? No Yes

DEP

- Do you need a lot of advice or reassurance from others before you can make everyday decisions? No Yes
- Do you depend on other people to handle important areas in your life such as finances, child care or living arrangements? No Yes
- Do you find it hard to disagree with people even when you think they are wrong? .. No Yes
- Do you find it hard to start work on tasks when there is no one to help you? No Yes
- Have you often volunteered to do things that are unpleasant? No Yes
- Do you usually feel uncomfortable when you are by yourself? No Yes
- When a close relationship ends, do you quickly need to find someone else you can rely on? No Yes
- Do you worry a lot about being left alone to take care of yourself? No Yes

OC

- Are you the kind of person who focuses on details, order, organization or likes to make lists and schedules? No Yes
- Do you have trouble finishing jobs because you spend so much time trying to get things exactly right? No Yes
- Do you (or others) feel that you are so devoted to work (school) that you have no time for others or for fun?..... No Yes
- Do you have very high standards about what is right and what is wrong?..... No Yes
- Do you have trouble throwing things out because they might come in handy someday? No Yes
- Is it hard for you to let other people help you unless they agree to do things exactly the way you want? No Yes
- Is it hard for you to spend money on yourself and other people even when you have enough? No Yes
- Are you often so sure you are right that it doesn't matter what other people say? ... No Yes
- Have other people told you that you are stubborn or rigid?..... No Yes

NEG

- When someone asks you to do something that you don't want to do, do you then work slowly or do a bad job? No Yes
- Often, if you don't want to do something, do you just "forget" to do it? No Yes
- Do you often feel that other people don't understand you, or don't appreciate how much you do? No Yes
- Are you often grumpy and likely to get into arguments?..... No Yes
- Have you found that most of your bosses, teachers, doctors, and others who are supposed to know what they are doing, really don't?..... No Yes
- Do you often think that it's not fair that other people have more than you do? No Yes

Do you often complain that more than your share of bad things have happened to you?
..... No Yes

Do you angrily refuse to do what others want and then later feel bad and apologize? No Yes

DPR

Do you usually feel unhappy or like life is no fun?..... No Yes

Do you believe that you are basically an inadequate person and often don't feel good about yourself? No Yes

Do you often put yourself down or blame yourself for things that haven't worked out? No Yes

Are you a worrier?..... No Yes

Do you often judge others harshly and easily find fault with them? No Yes

Do you think that most people are basically no good?..... No Yes

Do you almost always expect things to turn out badly? No Yes

Do you often feel guilty about things you have or haven't done? No Yes

SDF

Have you repeatedly been involved with friends or lovers who have taken advantage of you or let you down?..... No Yes

Have you sometimes gotten into bad situations where you wound up being taken advantage of? No Yes

Do you often refuse help from other people because you don't want to bother them? No Yes

When people try to help you, do you find it hard to accept or do you make it hard for them to help you? No Yes

When you are successful, do you feel depressed or like you don't deserve it, or do something to spoil it? No Yes

Do you often turn down the chance to do things that you really enjoy?..... No Yes

PAR

Do you often have to keep an eye out to stop people from using you or hurting you?.. No Yes

Do you spend a lot of time wondering if you can trust your friends or the people you work with?
..... No Yes

Do you find that it is best not to confide in others because they will use it against you? No Yes

Do you often pick up hidden threats or insults in what people say or do? No Yes

Are you the kind of person who holds grudges or takes a long time to forgive when insulted or slighted? No Yes

Are there many people that you can't forgive because they did or said something to you a long time ago? No Yes

Do you often get angry or lash out when someone criticizes or insults you in some way?
.....No Yes

Have you often suspected that your spouse or partner has been unfaithful? No Yes

SZD

When you are out in public and see people talking, do you often feel that they are talking about you? No Yes

Do you often feel that things that have no special meaning to most people are really meant to give you a message?..... No Yes

Do you often detect hidden messages in seemingly unrelated events? No Yes

Have you ever felt that you could make things happen just by making a wish or thinking about them? No Yes

Have you had personal experiences with the supernatural? No Yes

Do you believe that you have a 'sixth sense' that allows you to know or predict things that others can't? No Yes

Do you often think that objects or shadow are really people or animals or that noises are actually voices? No Yes

Have you had the sense that some person or force is around you, even though you cannot see anyone? No Yes

Do you often see auras or energy fields around people?..... No Yes

Are there very few people that you are really close to outside of your immediate family?No Yes

Do you often feel nervous when you are with other people?..... No Yes

STP

Is it NOT important to you whether you have any close relationships, including being part of a family? No Yes

Would you almost always rather do things alone than with other people? No Yes

Could you be content without ever being sexually involved with another person? No Yes

Are there really very few things that give you a lot of pleasure? No Yes

Does it not matter to you what people think of you? No Yes

Do you find that nothing makes you very happy or very sad? No Yes

HIS

Are you uncomfortable if you are not the centre of attention? No Yes

Do you flirt a lot? No Yes

Do you often find yourself "coming on" to people? No Yes

Do you try to draw attention to yourself by the way you dress or look? No Yes

Do you often make a point of being dramatic and colourful?..... No Yes

Do you often change your mind about things (opinions) depending on the people you're with or what you have just read or seen on TV? No Yes

Do you have lots of friends that you are very close to?..... No Yes

NAR

Do most people fail to appreciate your very special talents or accomplishments? No Yes

Have people told you that you have too high an opinion of yourself? No Yes

Do you think a lot about the power, fame, or recognition that will be yours someday? No Yes

Do you think a lot about the perfect romance that will be yours someday? No Yes

When you have a problem, do you almost always insist on seeing the top person? No Yes

Do you feel it's important to spend time with people who are special or influential? No Yes

Is it very important to you that people pay attention to you or admire you in some way?
..... No Yes

Do you think that it's not necessary to follow certain rules or social conventions when they get in your way? No Yes

Do you feel that you are the kind of person who deserves special treatment? No Yes

Do you often find it necessary to step on a few toes to get what you want? No Yes

Do you often have to put your needs above other people's? No Yes

Do you often expect other people to do what you ask without question because of who you are? No Yes

Are you NOT really interested in other people's problems or feelings?..... No Yes

Are you often envious of others?..... No Yes

Do you feel that others are often envious of you? No Yes

Do you find that very few people are worth your time and attention? No Yes

BOR

Have you often become frantic when you thought that someone you really care about was going to leave you?..... No Yes

Have you abruptly changed your sense of who you are and where you are headed? .. No Yes

Do your relationships with people you really care about have a lot of extreme ups and downs?
..... No Yes

Does your sense of who you are often change dramatically?..... No Yes

Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on? No Yes

Have you often done things impulsively (e.g., spending, sex, reckless driving)? No Yes

Have you tried to hurt or kill yourself or threatened to do so?..... No Yes

Have you ever cut, burned or scratched yourself on purpose? No Yes

Are you a 'moody' person? No Yes

Do you often feel empty inside?..... No Yes

Do you often have temper outbursts or get so angry that you lose control? No Yes

Do you hit people or throw things when you get angry? No Yes

Do even little things get you very angry?..... No Yes

When you are under a lot of stress, do you get suspicious of other people or feel especially spaced out? No Yes

ANT

BEFORE THE AGE OF 15 DID YOU EVER DO ANY OF THE FOLLOWING:

Did you bully or threaten other kids? No Yes

Did you start fights? No Yes

Did you hurt or threaten someone with a bat, brick, broken bottle, knife or a gun? No Yes

Did you ever deliberately try to cause someone physical pain and suffering? No Yes

Did you torture or hurt animals on purpose? No Yes

Did you ever rob, mug or forcibly take something from someone by threatening him or her?
..... No Yes

Did you ever force someone to have sex with you? No Yes

Did you set fires? No Yes

Did you deliberately destroy things that weren't yours? No Yes

Did you ever break into a house, other buildings, or cars? No Yes

Did you lie a lot or "con" other people? No Yes

Did you sometimes steal, shoplift things or forge someone's signature? No Yes

Did you run away from home and stay away overnight? No Yes

Would you often stay out very late, long after the time you were supposed to be home?
..... No Yes

Did you often skip school? No Yes

