THE PSYCHOTHERAPY OFFICE OF DR. KELLY A. WILLIAMS
KELLY A. WILLIAMS, PSY.D., LMFT
15300 VENTURA BOULEVARD, SUITE 324
SHERMAN OAKS, CA 91403

Screening Form
(For Individuals or Minors)

In efforts for me to gain a clear understanding of your presenting issues, please answer the following. If you feel uncomfortable answering at this time, please skip the question and we can discuss at a later time.

Counseling Participant: _____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone:_____ Alternative Telephone:_____
Is it okay to leave a message on your voicemail? ☐ Yes ☐ No

Date of Birth:_____ Age: _____

Marital Status:
☐ Single ☐ Married ☐ Partnership (living together, committed) ☐ Divorced
☐ Widowed ☐ Separated

Highest Level of Education Completed:
☐ High School Diploma ☐ General Education (GED) ☐ Certificate Program
☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree
☐ Doctorate Degree ☐ Other Not Listed (Please specify):_____

Race/Ethnicity:
☐ Black/African-American
☐ Asian/Pacific Islander
☐ Hispanic/Latin American
☐ White/Caucasian
☐ Native American/American Indian/Alaskan Native
☐ Multiracial/Multiethnic (Specify):_____
☐ Other (Specifiy)_____

Gender:
☐ Female ☐ Male ☐ Transgender Male ☐ Transgender Female ☐ Intersex
☐ Gender Neutral

What brings you into the office? (Mark one or more of the following options for you):

☐ Depression	☐ Anxiety (excessive worry)
☐ Suicidal Thoughts	☐ Suicidal Attempts
☐ Anger/ Problems with temper	☐ Alcohol or Drug Abuse/Dependency (Self)
☐ Employment Problems	☐ Alcohol or Drug Abuse/Dependency (Family Member)
☐ Financial Problems	☐ Legal Problems
☐ Death of a Loved one	☐ Parent-Child Conflict
☐ Binge Eating	☐ Restrictive Eating or Purging
☐ Compulsive Gambling	☐ Compulsive Behaviors (e.g. Handwashing, Checking)
☐ Sexual/Intimacy Problems	☐ Sexual Abuse (Childhood or Adulthood)
☐ Communication Difficulty	☐ Physical Abuse (Childhood or Adulthood)

THE PSYCHOTHERAPY OFFICE OF DR. KELLY A. WILLIAMS
KELLY A. WILLIAMS, PSY.D., LMFT
15300 VENTURA BOULEVARD, SUITE 324
SHERMAN OAKS, CA 91403

- ☐ Parenting
- ☐ Marital Divorce
- ☐ Hoarding/Unable to discard items
- ☐ Other_____
- ☐ Marital Separation
- ☐ Infidelity
- ☐ Sibling Rivalry
- ☐ Other _____

Have you experienced any of the following in the past 7-14 days? (Please mark)

- ☐ Moody or Crying more than usual
- ☐ Loss of interest in things
- ☐ People are out to get me
- ☐ Isolating from others
- ☐ Weight Gain
- ☐ Weight Loss
- ☐ Fatigue or low energy
- ☐ Poor concentration
- ☐ Thoughts that are disturbing
- ☐ Hyperactive (excessive energy)
- ☐ Sleep Problems
  - ☐ Difficulty falling asleep
  - ☐ Waking up in the middle of the night
  - ☐ Sleeping too much

MEDICAL HISTORY

- ☐ Asthma
- ☐ Epilepsy/Seizures
- ☐ Cancer
- ☐ Head Injuries
- ☐ Other _____
- ☐ No Medical Problems
- ☐ Diabetes
- ☐ Stroke
- ☐ Heart Condition/Heart Attack
- ☐ Allergies _____
- ☐ Other _____

MENTAL HEALTH

Have you ever thought about committing suicide (killing yourself)?
☐ Yes ☐ No

If yes, when was the last time you thought about committing suicide?
Approximately? _____

Have you ever attempted suicide?
☐ Yes ☐ No

Have you ever thought about committing homicide (killing someone else)?
☐ Yes ☐ No

If yes, when was the last time you thought about committing homicide?
Approximately? _____

Have you ever attempted to kill someone?
☐ Yes ☐ No If yes, who? _____

Have you ever been convicted of a serious felony other than a traffic ticket?
☐ Yes ☐ No If yes what? _____

THE PSYCHOTHERAPY OFFICE OF DR. KELLY A. WILLIAMS
KELLY A. WILLIAMS, PSY.D., LMFT
15300 VENTURA BOULEVARD, SUITE 324
SHERMAN OAKS, CA 91403

Have you ever been convicted of a Driving Under the Influence (DUI) or Driving While Intoxicated (DWI)?
☐ Yes ☐ No If yes, when? _____

Have you been in counseling/therapy previously?
☐ Yes ☐ No If yes, when?_____
What was your reason for terminating counseling? _____
_____
_____

Are you on any psychotropic medications?
☐ Yes ☐ No If yes, what? _____
_____

LIFESTYLE CHOICES

Do you smoke?	☐ Yes	☐ No	
Do you drink alcohol?	☐ Yes	☐ No	
Do you use marijuana?	☐ Yes	☐ No	
Do you use illicit substances?	☐ Yes	☐ No	
Have you ever used an illicit substance?	☐ Yes	☐ No	
Are you in a recovery program?	☐ Yes	☐ No	If yes, where? _____
Have you ever been in a recovery program?	☐ Yes	☐ No	If yes, when? _____

RELATIONSHIPS (Please mark one or more that are applicable)

☐ I have at least one meaningful friendship
☐ I make friends easily
☐ I feel like no one understands me
☐ I feel like I am easily taken advantage of
☐ I am not happy with my current friendships
☐ I don't have many friends
☐ I find it hard to keep friends
☐ I find it difficult to open up to others
☐ I have a hard time saying "No"
☐ People are afraid of me