

NAME _____

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MENTAL HEALTH HISTORY

- Do you have difficulty falling or staying asleep, or have frequent nightmares? yes no
- Have you ever overexercised, fasted or made yourself throw up to lose weight? yes no
- Do you go on 'binges' - eat a lot of junk food in one sitting, past the point of feeling full? yes no
- Have you ever purposely inflicted damage to yourself? (through cutting, burning, hitting, etc.) yes no
- Are you easily distracted or find it difficult to stay focused on one task or to sit still through a movie? yes no
- Have you ever had a panic attack? (intense anxiety, difficulty breathing, heart pounding, dizziness) yes no
- Have you felt people were out to get you? yes no
- Do you have disturbing thoughts or frightening images that you can't get out of your mind? yes no
- Do you have distressing memories, flashbacks or nightmares of a traumatic event? yes no
- Do you feel you have to engage in repetitive rituals? (repeatedly checking to make sure the door is locked, washing and rewashing your hands, etc.) yes no
- Do you miss meals, sleep or time with friends to do homework? yes no
- Do your parents let you have a *MySpace*? yes no
- Do struggle with compulsive videogaming, surfing the web, shopping, spending, &/or gambling? yes no
- Have you thrown/broken things, slammed doors, hit, pushed, slapped or verbally berated someone? yes no
- Have you ever been sexually abused, raped, or forced to do sexual things you didn't want to? yes no
- Have you ever been verbally or emotionally abused? (called names, degraded, made to feel inferior) yes no
- Have you ever been physically abused? (hit, shoved, slapped, burned, held against your will, etc.) yes no
- Have you ever seriously thought of harming or killing yourself? yes no
- Have you ever had serious thoughts or fantasies of harming or killing someone else? yes no
- Are your parents divorced/separated? yes no
- If so, how old were you when they divorced/separated? _____
- Do you know of any family history of depression or mental illness? yes no

Who, what? _____

Deceased family members (parents, children, siblings)	Year of death	Cause of death
_____	_____	_____
_____	_____	_____

What pets do you have now or had in the past? _____

How do you get spending money? _____

SIGNATURE _____ DATE _____