Naper Clinical Behavioral Services
• caring • experienced • relevant

800 E. Diehl Rd., Suite 100, Naperville, IL 60563 Phone: 630-577-1577 • Fax: 630-577-1555
naperclinical.com

SELF ASSESSMENT

Please fill out the following information to the best of your knowledge.

Name_____ **Today's date**_____

Please print

Primary Care MD	First seen and Last seen	Address	Phone
Psychiatrist	First seen and Last seen	Address	Phone

Current medical conditions_____

Past medical conditions_____

Current Symptoms from past 30 days (please check all that apply):

Mood
- ☐ stable
- ☐ low
- ☐ high
- ☐ changes frequently
- ☐ sad

Sleep
- ☐ too much
- ☐ cannot fall asleep
- ☐ awakens throughout night
- ☐ normal

Energy
- ☐ normal
- ☐ high
- ☐ low

Substance abuse
- ☐ alcohol
- ☐ marijuana
- ☐ prescription drugs
- ☐ heroin
- ☐ cocaine
- ☐ over-the-counter drugs
- ☐ other_____

Concentration
- ☐ normal
- ☐ poor
- ☐ decreased ability to focus
- ☐ increased forgetfulness

Interests
- ☐ social withdrawal
- ☐ loss of pleasure
- ☐ loss of desire for usual activities
- ☐ normal
- ☐ loss of desire for sex

Appetite
- ☐ normal
- ☐ increased
- ☐ decreased
- ☐ vomiting

Child Issues
- ☐ bedwetting
- ☐ isolative
- ☐ bullied
- ☐ other_____

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Anxiety concern

- ☐ occasional
- ☐ constant
- ☐ panic
- ☐ irritable
- ☐ feel guilty
- ☐ fears
- ☐ obsessions/compulsions

Safety concerns

- ☐ none
- ☐ thoughts of hurting self
- ☐ suicidal
- ☐ thoughts of hurting others
- ☐ cutting/scratching behaviors

School Functioning

- ☐ frequent absences
- ☐ peer difficulties
- ☐ poor grades
- ☐ learning disability
- ☐ normal
- ☐ avoiding

Other areas of

- ☐ shopping
- ☐ gambling
- ☐ sexual promiscuity
- ☐ pornography
- ☐ over eating

What medication	How much	when	Prescribed by:

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Signature: _____Date:_____

If patient is a child/adolescent please fill out below:

Mother's name_____phone #(____)_____
Address_____
Mother's maiden name_____

Father's name_____phone #(____) _____
Address_____

With whom does the child/adolescent primarily reside? _____

Name of school_____ Grade Level_____

School Counselor's Name and phone number _____