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Clinical Psychology

Licensed Psychologist/PY 8553

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## Presenting Concerns

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

*What brings you in to see Dr. Minter?*

*What are your psychological symptoms?*

- |                                     |                                  |   |
|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> depression | <input type="checkbox"/> anxiety | <input type="checkbox"/> anger/irritability     |
| <input type="checkbox"/> sadness    | <input type="checkbox"/> panic   | <input type="checkbox"/> acting out/impulsivity |
| <input type="checkbox"/> hopeless   | <input type="checkbox"/> fear    | <input type="checkbox"/> relational problems    |
| <input type="checkbox"/> grieving   | <input type="checkbox"/> sexual  | <input type="checkbox"/> nightmares             |

other: \_\_\_\_\_

other: \_\_\_\_\_

*What is stressing you at present?*

*How is your mood today?*

*Have you recently had thoughts of harming yourself or someone else?*  yes  no

*Do you feel safe today?*  yes  no

*Have you ever* -been in a psychiatric facility?  yes  no

-made a suicide attempt  yes  no

*What are your treatment goals?*

*What is the most important thing for me to understand about you as we start?*