## Mountain View Psychiatry, LLC

Dr. Kevin N. Batterbee, D.O. Trudy G. Wilson, MS, LPC



2. Background Information: Place of Birth: Parent's age and occupation: (If deceased, please include age, year, and cause of death)  ADULT  INTAKE/PSYCHOSOCIAL ASSESSMENT  ame:		
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	Dancon for Deformal	(Mhy are you have? Describe problems i.e. hebeviers and for citysticas
anges, losses, major symptoms, recent connect with family members, others)		
	anges, losses, major s	ymptoms, recent connect with family members/ others)

Current Living Arrangement/ W	ith whom do you live and where?
3. Family Psychiatric History: (H	History of ADHD, bipolar, depression, anxiety, schizophrenia, learning
disorders, mental retardation, d	Irug/alcohol abuse, attempted suicide, completed suicide, incarceration).
Your brothers or sisters, or your	children:
Father and/or relatives:	
4. Educational History:	
Middle School:	
	Year Graduated:
C-II	CDA VCdtd- D
6. Legal History:	
Any contact as a child or adoles	cent with: Youth Court Y N Training School Y N
DHS Y N If yes to	
· ·	
above,explaini	
MANUAL CONTROL OF THE PARTY OF	s Y N Past Charges Y N DUI Y N
If yes to above, give dates and o	charges:
-	
7. Developmental/Medical History	tory:
During your mother's pregnance	y, labor, or delivery, were there problems? Y
If yes explain:	

. Employment H	istory:			
Military History: (	Give Rank/Discharge	e/Duties/Years Disc	harged)	
Current Employm	ent:	F	osition:	
ist previous emp	loyment, length, rea	son for change (ter	mination), and co-wor	ker relations:
-2/	ceived any of the foll			
Social Security Be	The state of the s			
	nsation: Y N	Explain:		
Personal Injury Be				
Financial Problem	is (Any history of bar	nkruptcy, foreclosu	re, etc.)	
	ne following illnesses:			
Diabetes	Heart Disease	Seizure	Arthritis	Ulcers
Glaucoma	Tuberculosis	Thyroid	Hypertension	IUV
Hepatitis	Seizures	STD's	Head Injuries	Car Accidents
Explain:				
Significant Surge				
Date of Last Phys		Pri	mary Care Physician:	
The second secon	sical	Pri	mary Care Physician:	
The second secon	sical	Pri		
The second secon	sical	Pri		
The second secon	sical	Pri		
Any current med	sical	Pri		
Any current med	sicaldical/physical problen	ns:Pri		
Any current med	sicaldical/physical problen	ns:Pri		
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Any history of t	the following illnesses:			
Diabetes	<b>Heart Disease</b>	Seizure	Arthritis	Ulcers
Glaucoma	Tuberculosis	Thyroid	Hypertension	IUV
Hepatitis	Seizures	STD's	Head Injuries	Car Accidents
Explain:				
Significant Surg	gery & Date(s):			
Date of Last Ph	ysical	Pri	mary Care Physician:	
	edical/physical problems:			
duration(s), pe	riod(s) of abstinence) _			
	had any drug/alcohol tre			and state if you completed
100000000000000000000000000000000000000	ormation and Daily Acti with hygiene and groom	100000000000000000000000000000000000000	If yes, explain	*
Describe a typi	cal day for you, from the	e time you get up	in the morning until yo	ou go to bed at night
	support system: Describ			, and peers (school, home
	formation and Daily Act with hygiene and groom	The same of the sa	If yes, explain	
Describe a typi	ical day for you, from the	e time you get up	in the morning until y	ou go to bed at night
Have you ever		eatment? If so, st	ate where and when,	and state if you complete

10. Drug and Alcohol History:	
Age of first tobacco use:	History of tobacco use: (frequency, duration(s), period(s) of
abstinence)	
How many packs a day do you smoke?	
Age of first alcohol use:abstinence)	History of alcohol use: (frequency, duration(s), period(s) of