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Presenting Problems and Concerns

Name: _____ Date: _____

Describe the problem that brought you here today: _____

Please check all of the behaviors and symptoms that you believe are problematic and provide a brief description:

- Change in environment _____
- Change in family _____
- Change in friends _____
- Relationship problems _____
- Communication issues _____
- Low self-worth _____
- Mood swings _____
- Suicidal thoughts _____
- Self-harming _____
- Legal problems _____
- Sadness/depression _____
- Anger _____
- Problems focusing _____
- Physical abuse _____
- Emotional abuse _____
- Eating problems _____
- Sleeping problems _____
- Wanting to hurt others _____
- Panic Attacks _____
- Alcohol/drug problems _____
- Manic Feelings _____
- Intrusive thoughts _____
- Rituals _____
- Hallucinations _____
- Delusions _____
- Hopelessness _____
- Anxiety/worry _____
- Work/School problems _____
- Sexual problems _____
- Other: _____

Yes No Have you ever had thoughts, made plans, or attempted to hurt yourself?
If yes, please describe: _____

Yes No Have you ever had thoughts, made plans, or attempted to hurt someone else?
If yes, please describe: _____

Yes No Have you recently been physically hurt or threatened by someone else?
If yes, please describe: _____

MEDICAL INFORMATION

Primary physician: _____

Address: _____

Phone number: _____

Date of last physical exam/appointment: _____

Please list any CURRENT health concerns: _____

MENTAL HEALTH INFORMATION

Current psychiatrist or other provider: _____

Address: _____

Phone number: _____

Date of last appointment/consultation: _____

Yes No Have you received mental health treatment in the past?
If yes, please list all known mental health providers (counselors, therapists, psychiatrists), and provide a diagnosis if that was given to you. Please also include previous medications.

Current prescribed medications: None

Medication	Dosage	Start/Stop Date	Purpose of Med	Prescribed By

