Healing Solutions Counseling
at Jewish Family Services of WNC
53 South French Broad Avenue
Suite 100
Asheville, NC 28801

CONTACT INFORMATION

Today's date: _____

First name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Mobile phone: _____ Okay to leave phone message _____

Email: _____

Date of Birth: _____ I identify my gender as: _____

Race: _____ Religion/religious heritage: _____

Marital Status: _____

How many people live in your home? Total Adults _____ Total Children _____

Who referred you? _____ May we thank them for the referral? ___Yes ___No

May we add you to our mailing list? ____Yes ____No Would you like to receive our e-newsletter? ____Yes ___No

Emergency Contact Information

Name: _____

Relationship to you: _____

Phone: _____ Alternate Phone: _____

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CONSENT FOR SERVICES

Name:_____ Date of Birth:_____

(Please initial)

_____ We/I understand that Healing Solutions Counseling at JFS provides services only during regular agency business hours of 9 a.m. to 5 p.m. Monday through Friday with the exception of some national and religious holidays. This includes emails and telephone calls. Non-emergency voicemail messages may be left after hours. In case of an emergency, please call 911 or Mobile Crisis at (888) 573-1006.

_____ We/I agree to allow JFS to provide services to myself/my child/my ward

_____ We/I will participate in developing a service/treatment plan, which will identify goals to work toward, time frames and methods to achieve the goals

_____ Healing Solutions Counseling at JFS services have been described to me/us

_____ We/I have been informed about the proposed benefits, potential risks, and possible alternative methods of treatment and the ways that JFS can support the achievements of the desired outcomes

_____ Any fees or costs have been explained to me/us

_____ I consent to receive email messages for appointment reminders and other related communications at this email address: _____

_____ I consent to receive phone calls and messages (including voicemail) for appointment reminders and other related communications at this number: _____

____ I consent to receive standard mail at:

Mailing address_____

Client's Signature: _____ Date: _____

Legal Guardian's Name: _____

Legal Guardian's Signature: _____Date:_____

HEALING SOLUTIONS COUNSELING
at Jewish Family Services of WNC

Healing Solutions Counseling
at Jewish Family Services of WNC
53 South French Broad Avenue
Suite 100
Asheville, NC 28801

DEMOGRAPHIC INFORMATION

Name: _____ Date of birth: _____ Today's date: _____

Who else lives in your household? Total Adults _____ Total Children _____

First Name	MI	Last Name	Gender	DOB	Relationship to client

The information gathered below will be used anonymously for statistical data reporting and to improve client services. Your name or identity will never be revealed without your permission. Healing Solutions Counseling at JFS and Jewish Family Services of WNC provide vital services to all people regardless of faith, race, color, gender, sexual orientation, ethnicity, country of origin, age and ability.

What is your birth gender?
__ Female
__ Male
__ Transgender
__ Other

What is your gender identity?
__ Female
__ Male
__ Transgender
__ Other

What is your sexual orientation?
__Bisexual
__ LGBTQIA+
__ Other
__ Straight or heterosexual
__ Prefer not to respond

Which of the following best describes you?
__ African American/Black
__ Asian
__ Caucasian/white
__ Hispanic
__ Native American
__ Other

If you answered Asian or Hispanic, which of the following best describes you?
__ Asian: Korean
__ Asian: Hawaiian or Pacific Islander
__ Asian: Chinese
__ Asian: Japanese
__ Asian: Other _____
__ Hispanic: Mexican
__ Hispanic: Puerto Rican
__ Hispanic: Cuban
__ Hispanic: Latino
__ Hispanic: Other _____

Please turn page over to complete second side

With which religion, heritage or tradition do you identify?

__ Agnostic
__ Atheist
__ Buddhist
__ Christian/Catholic
__ Jewish
__ Muslim
__ Non-religious
__ Pagan
__ Spiritual
__ Wiccan
__ Other _____

Even if you are not currently practicing, are you Jewish or do you have Jewish heritage?

__ Yes
__ No

What is your marital status?

__ Annulled
__ Divorced
__ Domestic partnership
__ Married
__ Never married
__ Separated
__ Single
__ Widowed

Are you a veteran?

__ Yes
__ No

What is the highest level of schooling you have completed?

__ Elementary/middle school
__ High school/GED or equivalent
__ Some college
__ Two-year college
__ Four-year college
__ Graduate school

What is your income level?

__ $0-$9,999
__ $10,000-$14,999
__ $15,000-$19,999
__ $20,000-$24,999
__ $25,000-$29,999
__ $30,000-$39,999
__ $40,000-$49,999
__ $50,000-$59,999
__ $60,000-$74,999
__ $75,000 +

Do you have a disability?

__ Yes
__ No

How else can we help?

__ Food pantry
__ Grocery/gas cards
__ Socialization program for older adults
__ Holocaust survivor support
__ Case Management
__ Jewish holiday meal delivery
__ Case management
__ Chaplaincy for any faith
__ Jewish Federation/COVID-19 crisis funding

HEALING SOLUTIONS COUNSELING
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INSURANCE INFORMATION

Name: _____ Date of Birth: _____

Primary Insurance Carrier: _____ ID #_____

Secondary Insurance Carrier: _____ID#_____

Services sought are related to: ____ Employment ____ Accident: Date of accident_____ State_____

ASSIGNMENT

_____ (initial) I authorize payment directly to this provider of services for all medical/mental health benefits otherwise payable to the insured for services rendered. I understand that ultimately the fees for services provided are my financial responsibility, whether or not paid by insurance.

RELEASE OF INFORMATION

_____ (initial) I consent to the disclosure of my protected health information by Healing Solutions Counseling at JFS for the purpose of providing treatment to me, obtaining payment for my health care bills, and/or to conduct health care operations. I have the right to revoke this consent, in writing, at any time, except to the extent that Healing Solutions Counseling at JFS has taken action in reliance on this consent.

MISSED APPOINTMENTS

_____ (initial) I understand that I may be charged a fee of $35 for missed appointments that are not cancelled at least 24 hours in advance of the appointment time. I also understand that my health insurance policy may not cover charges for missed appointments.

_____ Date: _____
Client Signature

_____ Date: _____
Person signing on behalf of Client (print name)

_____ Phone:_____
Relationship to Client

_____ Date: _____
Signature of person signing on behalf of client

HEALING SOLUTIONS COUNSELING
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MEDICATION LIST

Name: _____ Date of Birth: _____

Please indicate any medications (prescription and over-the-counter) and treatments (e.g. special diet)

_____ I currently do not take any medications

Medication/treatment name	Comments (dosage, compliance issues, side effects, other)

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RECEIPT AND ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES AND NOTIFICATION OF CLIENT RIGHTS

Name:_____ Date of birth: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Healing Solutions Counseling at JFS Notice of Privacy Practices and Notification of Client Rights. I understand that if I have any questions regarding the notices, I can contact **Jewish Family Services of WNC Executive Director at 53 S. French Broad Avenue, Suite 100, Asheville, NC 28801 or (828)253-2900 ext. 111.**

_____ Date: _____
Client Signature

_____ Date: _____
Signature of Parent, Guardian or Personal Representative*

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.):

_____ Date: _____
Signature of Staff Member Date

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NOTIFICATION OF CLIENT RIGHTS

As a client of Healing Solutions Counseling at JFS, which is a program of Jewish Family Services of WNC (JFS), you have certain rights, which are set out in the Rules and Regulations to assure the rights of clients in North Carolina. A summary of your rights is set out below.

I. RIGHT TO NOTIFICATION
You must be informed of your rights every year (12 months) while receiving services, and you have the right to see and get a copy of the NC Regulations and the Policy upon request. Also, you must be told about Healing Solutions' Service Agreement and Treatment Policy, and you have a right to have a copy.

II. RIGHT TO DIGNITY
You have the right to be treated with respect and dignity at all times. You have the right to be called by your preferred or legal name, to be protected from abuse, and to request help in applying for services or benefits for which you are eligible. You have the right to be counseled in private and in an environment that is equipped and maintained to ensure your health and safety.

III. RIGHT TO SERVICE
You have the right to receive services within Healing Solutions Counseling at JFS and JFS's mission, capacity and applicable laws and regulations. Jewish Family Services cannot deny services to you solely on the basis of your race, national origin, sex, age, religion, sexual preference, human immunodeficiency virus status, handicap, or ability to pay. It you think Healing Solutions Counseling at JFS or JFS has discriminated against you, you can contact any staff member, the Executive Director of JFS.

IV. RIGHT TO QUALITY SERVICE
You have the right to receive services in a manner that is non-coercive, protects your right to self-determination, and allows you to participate in decisions regarding the services provided, unless those rights have been limited by law or court order. You have the right to receive services that are in accordance with all statutory and regulatory requirements. You have the right to an individualized treatment plan to meet your specific needs. You have the right to participate in the formulation of your individualized treatment and in the periodic review of this plan. You have the right to be informed about all services and have questions answered in terms you can understand.

V. HOURS IN WHICH THE SERVICES ARE AVAILABLE
Normal hours of operation for Healing Solutions Counseling at JFS and JFS are 9 a.m. to 5 p.m., Monday through Friday. Evening hours are available by appointment.

VI. RIGHT TO CONFIDENTIALITY
You have the right for your confidentiality to be upheld within the limits of the law and to provide informed consent when information is released to another organization or individual outside Healing Solutions Counseling at JFS or JFS. Your records will be released only with your consent or the consent of your authorized representative except by court order, in emergencies or as otherwise required or permitted by law.

VII. RIGHT TO REFUSE SERVICES

No client shall be subject to treatment without consent of the client or parent or legal guardian. You have the right to refuse services, unless those rights have been limited by law or court order, and to be informed of the consequences of such refusal. Consent may be withdrawn at any time by the person who gave consent. If treatment is refused, the qualified professional shall determine whether treatment in some other modality is possible. If all appropriate treatment modalities are refused, the voluntarily admitted client may be discharged.

VIII. CLIENT RESPONSIBILITIES

It is your responsibility to actively participate in services. This includes but is not limited to being honest with the Healing Solutions Counseling at JFS and JFS staff, following through on recommendations, and keeping scheduled appointments. Healing Solutions Counseling at JFS and JFS reserve the right to discontinue services if it is determined that you do not participate in services to the best of your ability, consistently miss appointments, or if in the professional opinion of Healing Solutions Counseling at JFS and JFS this agency is unable to provide the help you need.

IX. RIGHT TO CONSENT

A treatment or service which presents a "significant risk" — that is, one that might cause some injury or have a serious side effect -- may not be administered unless you or your authorized representative first give informed consent to it.

X. RIGHT TO LEAST RESTRICTIVE ALTERNATIVE

Your personal and physical freedom can be limited when necessary for your safety or the safety of other clients, or for treatment. You will be involved in decisions, which may limit your freedom, and you will be told what needs to happen for the limits to be removed. Corporal punishment may not be inflicted on any client.

XI. RIGHT TO HEARINGS AND APPEALS

If you are dissatisfied with the services being provided by Healing Solutions Counseling at JFS and JFS or if you believe you received unfair treatment; you can file a complaint with a Healing Solutions Counseling at JFS and JFS staff person or file a grievance with the agency. If you believe any of your rights under the Federal and/or North Carolina laws and statutes has been violated, you may file a complaint or grievance and you may appeal the decision. In answering your complaints, Healing Solutions Counseling at JFS and JFS staff must inform you of your appeal rights, which include the right to appeal a decision to the North Carolina regional advocate.

XII. RIGHT TO SUPPORT AND ADVISE

The North Carolina's regional advocate is the "Governor's Advocacy Council for Persons with Disabilities." The Governor's Advocacy is a statewide agency established to protect and advocate for the rights of persons with disabilities. You can call them at 1-888-281-5921.

XIII. LIABILITY AND IMMUNITY

Healing Solutions Counseling at JFS and JFS personnel who violate or abuse any right or privilege of a client are liable for damages as determined by law. All persons acting in good faith, reasonably, and without negligence in connection with the treatment of a persons shall be free from all liability, civil or criminal, by reason of such acts.

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

Healing Solutions Counseling at JFS understands that your medical information and your health are personal. We are committed to protecting your medical information. JFS creates a record of medical information about the care and services you receive from us. We need this information to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to your medical information generated and/or maintained by Healing Solutions Counseling at JFS.

This Notice will tell you about the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

Healing Solutions Counseling at JFS is required by law to:

- Make certain that medical information that identifies you is kept private
- Make certain that you are given notice of our legal duties and privacy practices with respect to your medical information
- Make certain that JFS follows the terms of the Notice of Privacy Practices that is currently in effect

HOW WE MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following describes different ways we use and disclose your medical information. If you are receiving services for the evaluation or treatment of substance abuse or Human Immunodeficiency Virus (HIV) conditions, specific rules apply to the use and disclosure of information related to those services. Please refer to the section entitled Substance Abuse Health Information and HIV Information for those rules.

For Treatment. We may use your medical information to provide you with behavioral health treatment or services. We may disclose your medical information to psychiatrists, your primary care physician, nurses, therapists, case managers or other behavioral health professionals who are involved in your care. For example, a psychiatrist treating you may need to know if you have allergies to certain psychotropic medications. The psychiatrist may need to contact your primary care physician to obtain that information. Different departments within JFS may also share your medical information to arrange services you may need. If you are in jail, JFS may share your medical information with necessary medical personnel to coordinate your ongoing care.

For Payment. We may use and disclose your medical information so that the treatment and services you receive may be billed and payment may be collected from appropriate payors, such as an insurance company or a third party. For example, we may need to share your medical information with your insurance company or a third party payor to check that you qualify for services, or to obtain approval for the services requested.

For Health Care Operations. We may use and disclose your medical information for the business activities of Healing Solutions Counseling at JFS. These uses and disclosures are necessary for administrative functioning and to ensure our clients receive quality care. For example, we may use your medical information to review services and to evaluate our performance in caring for you. We may combine medical information about many clients to decide what additional services Healing Solutions Counseling at JFS should offer, what services are needed, and whether certain new treatments are effective. We may use and disclose your medical information to assess Healing Solutions Counseling at JFS compliance with State Licensing and/or Accreditation Authorities. For example, this disclosure may be required to evaluate the quality of services we provide or to resolve a specific treatment issue you have raised.

Individuals Involved in Your Care. We may release your medical information to a family member actively involved in your care and treatment as allowed under North Carolina state law and in accordance with JFS policies and procedures. This information is limited and will not be disclosed without first obtaining your written authorization.

SUBSTANCE ABUSE HEALTH INFORMATION. All medical information regarding substance abuse is kept strictly confidential and released only in conformance with the requirements of federal law (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 C.F.R. part 2). Disclosure of any medical information referencing alcohol or substance abuse may only be made with your written authorization. A general authorization for the release of medical or other information is not sufficient for this purpose.

HIV INFORMATION. All medical information regarding HIV is kept strictly confidential and released only in conformance with the requirements of state law. Disclosure of any medical information referencing HIV status may only be made with your written authorization. A general authorization for the release of medical or other information is not sufficient for this purpose.

SPECIAL CIRCUMSTANCES. Federal and state laws allow or require Healing Solutions Counseling at JFS to disclose your medical information in certain special circumstances that include, but are not limited to, the situations described below.

Public Health (Health and Safety for you and/or others). We may disclose your medical information for public health activities. We may use and disclose your medical information to a public health authority, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- to prevent or control disease, injury or disability
- to report births or deaths
- to report child abuse or neglect
- to report reactions to medications
- to notify people of recalls regarding medications they may be using
- to notify a person who may have been exposed to a disease or may be at risk for contracting a disease
- to avert a serious threat to the health or safety of a person or the public
- to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will make this disclosure when required or authorized by law

Research. Under certain limited circumstances, we may use and disclose your medical information for research purposes. For example, a research project may involve the care and recovery of all clients who receive one

medication for the same condition. All research projects are subject to a special approval process. We will obtain your written authorization if the researcher will use or disclose your medical information.

Health Oversight Activities. We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the behavioral health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or legal action, we may disclose your medical information in response to a valid court or administrative order, a valid subpoena, a discovery request, or other lawful process that complies with state law and JFS policies and procedures.

Law Enforcement. We may not release your medical information to a law enforcement official except in response to a valid court order, subpoena, warrant, summons, or similar lawful process that complies with state law and Healing Solutions Counseling at JFS policies and procedures.

Coroners, Medical Examiners and Funeral Directors. We may release your medical information to a coroner or medical examiner. This may be necessary for identification or to determine a cause of death.

National Security and Intelligence Activities. We may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose your medical information to authorized federal officials so they may provide protection to the President or other authorized persons.

As Required by Law. We may disclose your medical information when required to do so by federal, state, or local law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Right to Access. You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy your medical information contact the Healing Solutions Counseling at JFS and JFS Executive Director. If you request a copy of the information, you may receive one copy each year at no cost. For any additional copies during the same year, you may be charged a fee for the costs of copying, mailing, or other supplies associated with your request. Your request to inspect and copy your medical information may be denied in certain limited circumstances. If you are denied access to all, or any part, of your medical information, you may request that the denial be reviewed. Information regarding how to initiate the review process will be provided in writing at the time of any denial of access to your medical information.

Right to Amend. If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as your medical information is kept by Healing Solutions Counseling at JFS. To request an amendment, your request must be made in writing and submitted to the Healing Solutions Counseling at JFS and JFS Executive Director. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Healing Solutions Counseling at JFS
- Is not part of the medical information which you would be permitted to inspect or copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of your medical information. This is a list of disclosures we made of your medical information to others outside of Healing Solutions Counseling at JFS. The accounting does not include information disclosed as a part of treatment, payment, or health care operations. The accounting does not include disclosures that were authorized by you in writing. To request this accounting, you must submit your

request in writing to the Healing Solutions Counseling at JFS and JFS Executive Director. Your request must state a period of time for the accounting that may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions. You have the right to request a restriction on the medical information we use or disclose about you. We are not required to agree to your request. If we do agree, we will comply with your request, unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to the JFS Director. In your request, you must tell us what information you want to restrict, and to whom you want the restriction to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location if you believe that you will be otherwise endangered. For example, you can ask that we only contact you at a certain telephone number or address. To request confidential communications, you must make your request in writing to the JFS Director. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Paper Copy of this Notice. You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting it from the Healing Solutions Counseling at JFS and JFS Executive Director.

CHANGES TO THIS NOTICE

Healing Solutions Counseling at JFS reserves the right to change this notice. Healing Solutions Counseling at JFS reserves the right to make the revised notice effective for your medical information that Healing Solutions Counseling at JFS already have about you, as well as any information we will receive following the revision. Healing Solutions Counseling at JFS will post a copy of the current notice at its main office and on its website. The notice will contain the effective date at the bottom of each page. Healing Solutions Counseling at JFS will make you aware of any revisions by posting the revised notice in all the above locations.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit your complaint in writing to JFS Executive Director, 53 S. French Broad Ave. Ste 100, Asheville, NC 28801. For questions, you may contact the JFS Executive Director at 828.253.2900. If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

OTHER USES AND DISCLOSURES

Other uses and disclosures of your medical information not covered by this notice will be made only with your written authorization. If you provide us with written authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, Healing Solutions Counseling at JFS will no longer use or disclose your medical information for the reasons covered by the authorization. Healing Solutions Counseling at JFS is unable to take back any disclosures already based on your authorization.

BEHAVIORAL HEALTH QUESTIONNAIRE

Name: Date:

Please check any symptoms you may be experiencing today or on a regular basis over the past two weeks. Then put a star next to the three which cause you the most problem and interfere with your life the most.

- ☐ Poor appetite and/or weight loss*
- ☐ Overeating and/or weight gain*
- ☐ Difficulty falling asleep or staying asleep*
- ☐ Sleeping too much*
- ☐ Feelings of worthlessness*
- ☐ Crying spells
- ☐ Low self-esteem
- ☐ Difficulty breathing
- ☐ Fear of loss of control or going crazy
- ☐ Sadness, loneliness*
- ☐ Difficulty making decisions
- ☐ Trouble concentrating*
- ☐ Irritability
- ☐ Feelings of hopelessness*
- ☐ Suicidal thoughts**
- ☐ Suicidal plan**
- ☐ History of suicide attempts
- ☐ Homicidal thoughts
- ☐ Lack of interest or motivation
- ☐ Anxiety*
- ☐ Loss of interest in sex
- ☐ Loss of enjoyment in usual activities*
- ☐ Isolation from friends and family
- ☐ Poor self-care, cleanliness, hair appearance
- ☐ Muscle tension
- ☐ Restlessness or feeling agitated*
- ☐ Trouble getting along with people
- ☐ Tire easily*
- ☐ Low energy*
- ☐ Racing heartbeat
- ☐ Tightness in chest
- ☐ Fear of having heart attack or dying
- ☐ Numbness or tingling sensations
- ☐ Headaches
- ☐ Chills or hot flashes
- ☐ Digestive or GI problems
- ☐ Menstrual problems
- ☐ Frequent pain (where?)*
- ☐ High risk activities (business, financial, legal, sexual)
- ☐ Excessive spending
- ☐ Racing thoughts
- ☐ Talking too fast
- ☐ Shoplifting or stealing
- ☐ Very little need for sleep, (2-3 hrs/night)*
- ☐ Binge eating
- ☐ Regular use of laxatives
- ☐ Other eating disorder
- ☐ Excessive exercising
- ☐ Self-induced vomiting
- ☐ Self-mutilation
- ☐ Often angry
- ☐ Physically aggressive toward others
- ☐ Swearing or name calling during arguments
- ☐ Throwing or breaking things during arguments
- ☐ Inattentive
- ☐ Careless mistakes
- ☐ Forgetful
- ☐ Disorganized
- ☐ Easily distracted
- ☐ Trouble listening
- ☐ Avoid/dislike mental tasks
- ☐ Often lose things
- ☐ Feel driven/on the go
- ☐ Hyperactivity*
- ☐ Fidget a lot
- ☐ Often interrupt people/blurt out answers before questions are completed
- ☐ Impulsive
- ☐ Anger outbursts
- ☐ Nightmares related to past trauma
- ☐ Recurrent/distressful thoughts of past trauma
- ☐ Acting/feeling as if re-experiencing past trauma
- ☐ Repeating behaviors like counting or checking
- ☐ Significant debt or relationship problems due to gambling
- ☐ Gambling to escape problems
- ☐ Excessive pre-occupation with sex
- ☐ Excessive shopping
- ☐ Use of alcohol/drugs to feel better
- ☐ Hearing voices/sounds that might not be there
- ☐ Seeing things that might not be there
- ☐ Other types of hallucinations

THINGS THAT ARE STRESSFUL TODAY:

_____

_____

_____

_____

(Thanks to Noel Holdsworth, DNH, PMHNP, BC, CTS, for the creation of this checklist)

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.