



The Self Empowerment Center

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Adult Mental Health Assessment

Your name:

Date of Birth:

Age:

Race:

Today's date:

Emergency contact name:

Phone no:

What do you like about yourself:

What do you believe are your weaknesses:

What's the main difficulty that brought you to see me:

How and when did these problems begin? When was the first time you noticed these problems. When did you notice them. How severe was it. Under which circumstances did these problems begin.

Describe your sleep pattern:

Describe your appetite and weight:

Describe your bowel and bladder habits:

Has there been any changes in the above:

How do you currently function – at home, work, and in social situations?

What major stressors do you have in your present life?

How does this problem affect you and your family?

How do you try to cope with these problems?

Describe yourself before these problems began?

Have you received treatment before? Please give details as to when, where, by whom and results?

Have you received medication for emotional problems? Details?

Please describe your medical history: Your physical health, any major illnesses, surgeries, allergies, any medication you are taking at present, thyroid etc. Are there any major medical problems you are concerned about?

Your personal development history:
How was your birth, milestones, and please describe your childhood?

Please list members of your family of origin. Their names, ages, relationship, education, and occupation.

Please describe your relationship with your parents.

How was your parents' relationship with each other?

How did you get along with your siblings?

Has there been any problems with your family like dysfunction , abuse, divorce, health problems, emotional problems, drug or alcohol abuse?

Your current family members? Please list their names, relationship, age, occupation, education.

Are you married or in a relationship?

How do you get along with your spouse or partner?

How do you get along with your children?

Does your current family have any health problems, substance abuse, and mental or emotional problems?

Please describe your significant interpersonal relationships. Your relationship with close friends, romantic relationships, and support systems?

Are there any painful memories about your childhood or adult life?
Anything unusual that may have happened – any kind of abuse?

Your education, trainings, interests, aptitudes, school adjustment:

Your work history: your job, career goals, skills and talents

Any history of drug or alcohol abuse in yourself or your family? Details?

Types of previous treatment and response to treatment?

What are your activities and interests?

Does religion or spirituality play an important role in your life? Describe?

List 5 things you want to change about yourself?