

*Sheryl M. Hakala, M.D., P.A.*

815 S Rome Ave  
Tampa, FL 33606  
813-503-7404



Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_ Other phone # \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Who lives with you?

Marital Status:

Single  Separated  Significant Other  
 Engaged  Divorced  Widowed  
 Married

Live alone  Parents  Spouse  
 Child(ren)  Grandparents  Roommate  
 Significant Other  Other

Family History Where were you born?

\_\_\_\_\_

Where did you grow up? \_\_\_\_\_

Who primarily raised you? \_\_\_\_\_

Father's name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Is your father still living?  Yes  No If no, age of death: \_\_\_\_\_ Your age: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Is your mother still living?  Yes  No If no, age of death: \_\_\_\_\_ Your age: \_\_\_\_\_

If your parents are still living, what is the status of their relationship?  Married  Never

Married  Separated  Divorced  Widowed  Other, explain: \_\_\_\_\_

Describe your mother: \_\_\_\_\_



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Describe your father:

Describe your parents' (or parent substitutes') relationship with each other:

What was your relationship like with your parents as a child?

What was your relationship like with your parents now?

Rate the degree that you confided in your parents as a child. 123456 Never Rarely Sometimes Often Very

Often At all times Rate the degree that you confide in your parents now. 123456

Never Rarely Sometimes Often Very Often At all times How many siblings do you have?

\_\_\_\_\_ What is your birth order?

\_\_\_\_\_ What was your relationship

like with your siblings when you were growing up?



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How were things financially in your family when you were growing up?

Were there any difficulties while you were growing up in your family

Describe your home environment as a child.

Describe your as a child (0 to 12 years of age).

How would you characterize your childhood?

Describe your parents discipline method.

Describe childhood fears you may have had as a child.

As a child, were there any situations or events that made you sad or upset? Please describe.

How much contact do you have with your immediate family (parents, siblings) now?



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**School History**

Where did you go to school? Elementary

\_\_\_\_\_ Middle

\_\_\_\_\_ High

\_\_\_\_\_

What grade did you finish? \_\_\_\_ When did you receive your high school diploma or GED? \_\_\_\_ If you left high school before graduating, what were the reasons for leaving?

How did you do academically in school?

Did you have any disciplinary or behavior problems when in school?

Describe your relationship with your teachers.

Describe extra-curricular activities that you were involved in, including jobs.

Did you attend college? If so when and where?

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**Work History**

What is your current occupation? \_\_\_\_\_

How long have you worked in this field? \_\_\_\_\_

Are you satisfied with your present employment? If no, please explain.

Describe any difficulties you have had in your present employment?

Describe your boss.

How would your boss describe you?

What other fields have you worked in?

Describe any difficulties you had with past employers.

**Social History**

Where do you live now and how long have you lived there?

Describe the neighborhood that you live in.

Describe your home and home environment, including facilities for kids (ie. Playground, pool).



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**Medical History**

How would you rate your physical health? \_\_\_\_ Poor \_\_\_\_ Not well \_\_\_\_ Fair \_\_\_\_ Somewhat Good  
\_\_\_\_ Moderately Good \_\_\_\_ Good \_\_\_\_ Very Good \_\_\_\_ Extremely Good \_\_\_\_ Excellent Do you  
eat a well-balanced diet? Yes No Do you exercise on a regular basis? Yes No Do you smoke? If yes,  
how much? \_\_\_\_\_ Do you drink alcoholic  
beverages? If yes, how often and how much do you drink?

Please identify any major medical problems or disability(ies) that you have.

Who is your primary medical provider (name, address, phone, etc)?

Are you presently under the care of any other medical practitioner(s)(name, address, phone, etc)?

Are you presently seeing a psychiatrist? If yes, who?

Please list all prescription medications you are on presently and prescribing doctor.

Are you taking any over the counter vitamins or herbs? If yes, please list.

What concerns do you have about your physical health?

Please identify major surgery(ies) that are relevant to your emotional and physical well-being.



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**Psychological Background**

Have you ever participated in therapy or counseling of any sort? \_\_\_ yes \_\_\_ no

What type(s)? \_\_\_\_\_

If you have been in therapy, who is your therapist or counselor? \_\_\_\_\_

When did you start therapy and how often did you attend?

In general, what kinds of issues did you talk about in therapy?

Have you ever been hospitalized for psychological or psychiatric reasons? If yes, when/where?

Does any member of your family have mental or emotional health problems? \_\_\_ yes \_\_\_ no Have you ever attempted to commit suicide? \_\_\_ yes \_\_\_ no Has any member in your family ever attempted to commit suicide? \_\_\_ yes \_\_\_ no Have you ever been sexually abused? If so, please describe the physical abuse as it began first.



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**Substance Use History and Treatment**

Please identify by checking whether you have never used, ever used or currently use any of the following substances?

Substance Never Used Ever Used Currently Use

Beer \_\_\_\_\_

Wine \_\_\_\_\_

Hard Liquor \_\_\_\_\_

Marijuana \_\_\_\_\_

Heroin \_\_\_\_\_

Cocaine \_\_\_\_\_

Amphetamines (uppers) \_\_\_\_\_

Benzodiazepines (downers) \_\_\_\_\_

Prescription drugs \_\_\_\_\_

(w/out prescription) \_\_\_\_\_

When did you use these substance(s), please list for each substance identified.

Has the use of any of the substance cause problems for you? If so, please describe.

Have you ever neglected your family, children, or friends because of your use of substances, including alcohol? If yes, please describe.



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Have you ever been in a treatment program for substance use or abuse? If yes, please describe when, where and for how long.

Are you currently involved in a treatment program including outpatient therapy or 12-step support groups (ie. AA, NA)? If so, please describe how often you attend meetings and your level of activity in the group.

Criminal History Have you ever been arrested for a crime? \_\_\_ yes \_\_\_ no If yes, when was the arrest, was it a misdemeanor or felony charge, and what was the outcome for each charge?

If you were convicted of a crime, what was the outcome and how long did you serve? (ie. Prison time, probation)

Relationships Is it easy for you to make friends? \_\_\_ yes \_\_\_ no Do you keep friends that you make? \_\_\_ yes \_\_\_ no Do you have one or more friends that you share most personal thoughts and/or experiences with? \_\_\_ yes \_\_\_ no Did you have a lot of dates in high school? \_\_\_ yes \_\_\_ no Did you have a lot of dates in college? \_\_\_ yes \_\_\_ no Describe a relationship of yours that is positive.



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Describe a relationship of yours that is negative.

In social situations, describe how you generally feel.

How many times have you been married? \_\_\_\_\_

Please list the dates of the marriages, name of partner and how the marriage ended, if applicable.

If you are not married, are you presently involved in a serious relationship? If so, please describe the relationship.

If you are involved in a relationship or remarried and the person has children, how well do your families blend together? Please describe.

#### Parenting History

How many children do you have? \_\_\_\_\_

What are their names, genders and birthdays?



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Please identify any additional information that you believe is important.