



CONFIDENTIAL FAMILY MENTAL HEALTH AND STRESS SURVEYS

Date: _____ Patient's Name: _____ Date of Birth: _____

Form Completed By: _____ Relationship to Patient: _____

We know that like many other disorders, there is a biologic and genetic component to mental health issues. Please help us to better understand the issues that your family (parents and siblings) or extended family (child's biologic grandparents, aunts, uncles, and cousins) have encountered. If a particular form of therapy has been helpful (counseling, a specific medication, etc.) please share that information also.

<u>SYMPTOMS</u>	<u>FAMILY MEMBER</u>	<u>TREATMENT</u>
Anxiety <ul style="list-style-type: none"> ▪ Social anxiety ▪ Panic disorder 		
Depression <ul style="list-style-type: none"> ▪ Post-partum depression 		
Bipolar disorder (manic-depressive disorder)		
ADD/ADHD Learning disorders		
Eating disorder (bulimia, anorexia)		
Obsessive compulsive disorder		
Addiction issues: alcoholism, drug use, gambling		
Schizophrenia		
Suicide attempts		
Posttraumatic stress syndrome		

Please comment on any particular life stresses your family has encountered in recent months:

- Death/serious or chronic illness _____
- Financial hardships _____
- Change in job status of parents _____
- Marital stress _____
- Separation/divorce _____
- Relocation _____
- Academic stress _____
- Drug or alcohol use _____
- Other _____

Who are members of your household now?

Are you participating in any shared custody situations? What is your current plan?