



**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 biological 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 biological 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.

Symptom	Family Member	Treatment
Anxiety <input type="checkbox"/> Social anxiety <input type="checkbox"/> Panic disorder		
Depression ▪ 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?**