

Family Psychological Services, Inc.
Kim B. Barrus, Ph.D., FPPR
License No. PSY 6155
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Agoura Hills, Ca 91301
818 707 7366
818 306 5836 Fax

Referral For Psychological Testing or Psychotherapy

NOTE: Family Psychological Services, Inc. is a private practice for mental health services. It is not an affiliate of your Doctor or the referring professional.

All billing and services are separate.

Name of Patient _____ **Birth Date** _____ **Insurance** _____

You have been referred to us by _____

Your Primary Care Physician is : _____

Family Psychological Services provides psychotherapy, counseling, and psychological testing services. Testing is to help your doctor understand your concerns and arrive at an accurate diagnosis and treatment plan before prescribing medications or starting therapy. This may take up to 2 to 3 hours. We will verify and bill your insurance as a courtesy, but you are responsible for the bill.

Do we have your permission to proceed with testing, provide a written report to the referral Dr., and discuss results with the referring professional.?

Yes ___ **No** ___ _____
Responsible Party Signature **Date**

You may not remember or have access to all of the information; do the best you can.

If there is information you do not want in your medical chart, it is ok to exclude this information.

After you complete the testing, Dr. Barrus will talk to you about the results and provide a written report with diagnostic considerations and recommendations to your Doctor.

Thank you. Dr. Barrus Clinical Psychologist PSY6155

PATIENT IDENTIFICATION

Name _____ First Appointment Date _____

Birth Date _____ Age _____ Gender: FEMALE MALE .

I AM: MARRIED DIVORCED WIDOWED SINGLE ADULT MINOR CHILD

Religion: Jewish, Baptist, Catholic, Muslim, Mormon, Lutheran, Presbyterian, None, Other

Have you ever had any psychological testing by a psychologist or school psychologist? Yes or No

Name of this Doctor _____ When _____ Why _____

MAIN PURPOSE OF THE CONSULTATION:

Depression, Anxiety, Panic, ADHD, ADD, OCD, Bipolar / Manic Depressive Illness, Schizophrenia, Fears, Social Problems, Marital

Briefly Describe the problem:

CURRENT LIFE STRESSES: NONE, relationships, job, school, finances, children, spouse, medical problems, loss of loved one, traumatic event, other _____

TELL ME THE TREATMENTS YOU HAVE RECEIVED FOR THE ABOVE PROBLEMS

Doctors who prescribe your psychiatric medication:

Doctors _____

Medications _____

Names of Therapists _____

MEDICAL HISTORY

Present Height _____ Present Weight _____

Allergies/drug intolerances NONE OR (describe): _____

Current medical problems/medications: NONE OR (describe): _____

Past medical problems/medications: NONE OR (describe): _____

Other doctors/clinics seen regularly: NONE OR (describe): _____

Prior hospitalizations (place, cause, date, outcome): NONE OR (describe): _____

Prior abnormal lab tests, X-rays, EEG, MRI NONE OR (describe): _____

Sexual history: (answer only as much as you feel comfortable)

Age at the time of first sexual experience: _____ Number of sexual partners: _____

Any history of sexually transmitted disease? NO, YES: _____

History of abortion? None Current sexual problems? Need too much, partner not interested, impotent, no interest

Any history of being physically or sexually abused: NONE YES _____

Sleep behavior: sleepwalking, nightmares, recurrent dreams, cannot fall asleep, cannot stay asleep

School History: CURRENT GRADE _____ DIPLOMAS: HS COLLEGE MASTERS PHD MD

Specific learning disabilities : Attention/focus, reading, writing, math, spelling, organization, planning, memory, Expressive Language, Understanding written or verbal information Learning strengths: math, English, writing, science, history

TELL ME ABOUT YOUR CURRENT MENTAL HEALTH SYMPTOMS

	Easily distracted	bullies, intimidates, or threatens others
	Has trouble following directions	Often initiates physical fights
	Has trouble organizing tasks	Has used a weapon (bat, brick, gun, knife, broken bottle, other)
	Makes careless mistakes	Has been physically cruel to people
	Has trouble focusing on tasks	Has been physically cruel to animals
	Forgetful or loses things	Forced someone else into sexual activity
		Mean, threatening with little provocation since childhood
	Fidget . Squirm, restless, bites nails	Has stolen while confronting a victim (mugging, extortion, robbery)
	Always On the go	Often initiates physical fights
	Talk excessively	
	Leaves or shifts in seat excessively	Has deliberately engaged in fire setting intending to cause serious damage
		Has deliberately destroyed others' property
	Has difficulty waiting turn	
	Acts without thinking	Has broken into someone else's house
	Interrupts Others	Often lies to obtain goods or favors (cons others)
	Often loses temper	Often stays out at night defying parents before age 13
	Often argues	Ran away overnight 2 or more times (teenager)
	Defies, refuses to obey rules or authority	Truant at school before age 13
	Often deliberately annoys other people	
	Often rationalizes and makes excuses	suicidal thoughts
	Often blames others for own mistakes	engage in harming self
	Is often touchy or easily annoyed by others	Ever think about harming others
	Is often angry, resentful, spiteful, vindictive	Any current plan to commit suicide
	Diminished pleasure in activities	Unrealistic, persistent worry about possible harm to parents / loved ones
	Marked decrease/increase in appetite	Panic attacks without any known cause
	Insomnia	Unrealistic, persistent worry of being separated from parents / loved ones
	Psychomotor agitation or retardation	Confused about hearing / seeing things that others do not
	Fatigue or loss of energy	Persistent school / work refusal
	Excessive feelings of worthlessness/guilt	Persistent avoidance of being alone
	Diminished ability to concentrate	Repeated nightmares about separation from parents
	Suicidal ideation or attempt	Somatic complaints
		Traumatic memories -abuse / rape / violence
	Depressed or irritable mood most of day	Anxious about strange experiences
	Poor appetite or overeating	
	Hypersomnia – sleep too much	Unrealistic fears of future events
	Low energy or fatigue	Unrealistic concern about past failures

Low self-esteem	Unrealistic concern about competence
Poor concentration	Marked inability to relax
Feelings or hopelessness	
Symptoms of depression more than 2 mo	
Social isolation	Feel so good/hyper, others think you are not yourself
	So hyper you get into trouble
Fails to react to loud noises	So irritable you shout, start fights or argue
Stereotyped mannerisms	Felt more self-confident than usual
Odd Postures	Get much less sleep and don't miss it
Excessive reaction to noise	More talkative and talk faster than usual
Overreacts to touch	Thoughts race through your head
Compulsive rituals	Can't slow your mind down
Motor tics	Easily distracted so you cannot concentrate
Vocal tics	Have much more energy than usual
	do more things in a day than usual
Has trouble falling asleep	more social and outgoing than usual
Wakes up after only 2-3 hours of sleep	more interested in sex than usual
Has trouble going to sleep after waking in night	sex got you into trouble
Feels tired most mornings	do things unusual that are excessive, foolish, or risky
Stays awake for 2+ days at a time	spent money and got yourself or family in trouble
DRUGS OR ALCOHOL PROBLEMS	MARRIAGE / RELATIONSHIP PROBLEMS
ABUSE – PHYSICAL OR SEXUAL	OTHER:
OTHER:	OTHER:

FAMILY HISTORY OF PATIENT

With whom do you live: Alone Biological Mother Father, Step Dad or Mother, Spouse,

History of Marriages : Never Married. Divorced This is my 1st, 2nd, 3rd, 4th

Current Marital or Relationship Satisfaction: great, ok, bad

Patient's Siblings: Brothers: _____ Sisters _____

Patient's Children (ages) _____

Significant Life Events: Marriages, separations, divorces, deaths, traumatic events

Have ever been physically or sexually abused? YES NO

Check the problems in your family:

Your Mother	Mother's Father	Mother's Mother	Mother's Siblings	Your Father	Father's Father	Father's Mother	Father's Siblings	Your siblings	Your Children
Depression									
Anxiety									
Suicide									
Bipolar									
Disease									
OCD									
ADD/ADHD									
Drugs / Alcohol									
Psychiatric Hospitalization									
Rehabilitation Inpatient for drugs or alcohol									

Natural Mother's History: age _____ High School Graduate: _____; College Graduate _____; Profession: _____
 Marriages _____ Learning problems _____ Behavior problems _____ Medical Problems _____

Natural Father's History: age _____ High School Graduate: _____ College Graduate _____ Profession: _____
 Marriages _____ Learning problems _____ Behavior problems _____ Medical Problems _____

Describe your relationships with friends – Good, I have a lot, Very few, None, Shy, Awkward, Not interested rather be alone _____

Describe yourself – strengths _____ weaknesses _____

DEVELOPMENTAL HISTORY:

Prenatal and birth events: Your parents attitude toward their pregnancy with you: good, bad, don't know

Pregnancy complications: NONE OR (describe): (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, other

Any birth problems, trauma, forceps or complications?: _____

Primary care taker at Birth was mother, father, foster care, relatives: _____

Developmental Problems: NONE OR (describe): (circle): Feeding, Toilet Training, Separation from parents, Abuse, Language, Motor, Behavior,

Temperament (nice, sweet, irritable, angry, cried a lot, hard to get along with)

EMPLOYMENT HISTORY:

Never Employed / Unemployed for ____ (months / years) Since (date) ____ On Disability for ____ months / years. Since (date) _____

Current name of Employer and type of work: _____

Past Employers and type work _____

Any work-related problems? _____

What would your employers or supervisors have said about you? _____

MILITARY HISTORY: None

Describe: Army, Navy, Air Force, Marines, National Guard, Coast Guard

Active Duty or Honorable / Dishonorable Discharge When _____

LEGAL PROBLEMS: NONE or Describe: DUI, SUSPENDED LICENSE, MISDEMEANOR, FELONY, PRISON TIME, CHILD SPOUSE OR ELDER ABUSE When: ____ Resolved: Yes NO Ongoing: Yes NO

Current Alcohol and Drug History:

- hard liquor
- beer
- wine
- marijuana or hash / pot
- prescription tranquilizers (valium, ativan, Librium)
- Sleeping pills
- inhalants (glue, gasoline, cleaning fluids, etc.)
- cocaine or crack
- amphetamines or crank or ice
- steroids, opiates (heroin, codeine, morphine or other pain killers),
- barbiturates, hallucinating drugs (LSD, mescaline, mushrooms)
- PCP
- Pain Pills (vicodin, oxycontin, Norco)
- Cough medicines with codeine or alcohol or other addicting substances

Do you attend AA or NA or similar programs? YES NO Do you have a sponsor? YES NO

How long have you been sober? _____

Past Alcohol and Drug History:

- hard liquor
- beer
- wine
- marijuana or hash / pot
- prescription tranquilizers (valium, ativan, Librium)
- Sleeping pills
- inhalants (glue, gasoline, cleaning fluids, etc.)
- cocaine or crack
- amphetamines or crank or ice
- steroids, opiates (heroin, codeine, morphine or other pain killers),
- barbiturates, hallucinating drugs (LSD, mescaline, mushrooms)
- PCP
- Pain Pills (vicodin, oxycontin, Norco)
- Cough medicines with codeine or alcohol or other addicting substances

Learning Disability Screening Questionnaire

Please rate yourself on each of the symptoms listed below using the following scale.

0 1 2 3 4 NA
Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Reading

- ___ 1. I am a poor reader.
___ 2. I do not like reading.
___ 3. I make mistakes when reading like skipping words or lines.
___ 4. I read the same line twice.
___ 5. I have problems remembering what I read even though I have read all the words.
___ 6. I reverse letters when I read (such as b/d, p/q).
___ 7. I switch letters in words when reading (such as god and dog).
___ 8. My eyes hurt or water when I read.
___ 9. Words tend to blur when I read.
___ 10. Words tend to move around the page when I read.
___ 11. When reading I have difficulty understanding the main idea or identifying important details.

Writing

- ___ 12. I have "messy" handwriting.
___ 13. My work tends to be messy.
___ 14. I prefer print rather than writing in cursive.
___ 15. My letters run into each other or there is no space between words.
___ 16. I have trouble staying within lines.
___ 17. I have problems with grammar or punctuation.
___ 18. I am a poor speller.
___ 19. I have trouble copying off the board or from a page in a book.
___ 20. I have trouble getting thoughts from my brain to the paper.
___ 21. I can tell a story but cannot write it.

Body Awareness/ Spatial Relationships

- ___ 22. I have trouble with knowing my left from my right.
___ 23. I have trouble keeping things within columns or coloring within lines.
___ 24. I tend to be clumsy, uncoordinated.
___ 25. I have difficulty with eye hand coordination.
___ 26. I have difficulty with concepts such as up, down, over or under.
___ 27. I tend to bump into things when walking.

Oral Expressive language

- ___ 28. I have difficulty expressing myself in words.
___ 29. I have trouble finding the right word to say in conversations.
___ 30. I have trouble talking around a subject or getting to the point in conversations.

Receptive language

- ___ 31. I have trouble keeping up or understanding what is being said in conversations.
___ 32. I tend to misunderstand people and give the wrong answers in conversations.
___ 33. I have trouble understanding directions people tell me.
___ 34. I have trouble telling the direction sound is coming from.
___ 35. I have trouble filtering out background noises.

Math

- ___ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
___ 37. I make "careless mistakes" in math.
___ 38. I tend to switch numbers around.
___ 39. I have difficulty with word problems.

Sequencing

- ___ 40. I have trouble getting everything in the right order when I speak.
___ 41. I have trouble telling time.
___ 42. I have trouble using the alphabet in order.
___ 43. I have trouble saying the months of the year in order.

Abstraction

- ___ 44. I have trouble understanding jokes people tell me.
___ 45. I tend to take things too literally.

Organization

- _____ 46. My notebook/paperwork is messy or disorganized.
- _____ 47. My room is messy.
- _____ 48. I tend to shove everything into my backpack, desk or closet.
- _____ 49. I have multiple piles around my room.
- _____ 50. I have trouble planning my time.
- _____ 51. I am frequently late or in a hurry.
- _____ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- _____ 53. I have trouble with my memory.
- _____ 54. I remember things from long ago but not recent events.
- _____ 55. It is hard for me to memorize things for school or work.
- _____ 56. I know something one day but do not remember it to the next.
- _____ 57. I forget what I am going to say right in the middle of saying it.
- _____ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- _____ 59. I have few or no friends.
- _____ 60. I have trouble reading body language or facial expressions of others.
- _____ 61. My feelings are often or easily hurt.
- _____ 62. I tend to get into trouble with friends, teachers, parents or bosses.
- _____ 63. I feel uncomfortable around people I do not know well.
- _____ 64. I am teased by others.
- _____ 65. Friends do not call and ask me to do things with them.
- _____ 66. I do not get together with others outside of school or work.

**PATIENT SELF-EVALUATION
BDI-PC**

Instructions: This questionnaire consists of seven groups of statements. Read each group of statements carefully, then check the one statement in each group that best describes the way you have been feeling during the past 2 weeks, including today.

1- Sadness

- 0** I do not feel sad **1** I feel sad some of the time **2** I am sad all the time **3** I am so sad or unhappy that I can't stand it

2- Pessimism

- 0** I am not discouraged about my future **1** I feel more discouraged about my future than I used to be **2** I do not expect things to work out for me **3** I feel my future is hopeless and will only get worse

3- Past Failure

- 0** I do not feel like a failure **1** I have failed more than I should have **2** As I look back, I see a lot of failures **3** I feel I am a total failure as a person

4- Self-Dislike

- 0** I feel the same about myself as ever **1** I have lost confidence in myself **2** I am disappointed in myself **3** I dislike myself

5- Self-Criticalness

- 0** I don't criticize myself or blame myself more than usual **1** I am more critical of myself than I used to be **2** I criticize myself for all of my faults **3** I blame myself for everything bad that happens

6- Suicidal Thoughts or Wishes

- 0** I don't have any thoughts of killing myself **1** I have thoughts of killing myself, but I would not carry them out **2** I would like to kill myself **3** I would kill myself if I had the chance

7- Loss of Interest

- 0** I have not lost interest in other people or activities **1** I am less interested in other people or things than before **2** I have lost most of my interest in other people or things **3** It's hard to get interested in anything

PATIENT SELF-EVALUATION - BAI

NOT AT ALL MILDLY MODERATELY SEVERE

1	Numbness or tingling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Feeling hot	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Wobbliness in legs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Unable to relax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Fear of the worst happening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Dizzy or lightheaded	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Heart pounding or racing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Unsteady	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Terrified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Nervous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Feelings of choking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Hands trembling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	Shaky	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	Fear of losing control	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	Difficulty breathing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	Fear of dying	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	Scared	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	Indigestion or discomfort in abdomen	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	Faint	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	Face flushed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	Sweating (not due to heat)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

At different times in their life everyone experiences changes or swings in mood, energy, activity and mood("highs and lows" "ups and downs"). The aim of this questionnaire is to assess the characteristics of the "high" periods.

1- First of all, how are you today compared to your usual state?

- Much worse than usual
- Worse than usual
- A little worse than usual
- Neither better nor worse than usual
- A little better than usual
- Better than usual
- Much better than usual

2- Compared to other people, my level of activity energy mood:(Not how you feel today, but how you are on average)

- Is always rather stable and even
- Is generally higher
- Is generally lower
- Repeatedly shows periods of ups and downs

3

Please try to remember a period when you were in a "high" state (while not using drugs or alcohol). In such state you feel (circle each one that applies):

- 1 I need less sleep
- 2 I feel more energetic and more active
- 3 I am more self-confident
- 4 I enjoy my work more
- 5 I am more sociable (make more phone calls, go out more)
- 6 I want to travel an/or do travel more
- 7 I tend to drive faster or take more risks when driving
- 8 I spend more money/too much money
- 9 I take more risks in my daily life (in my work and/or other activities)
- 10 I am physically more active (sport etc)
- 11 I plan more activities or projects
- 12 I have more ideas, I am more creative
- 13 I am less shy or inhibited
- 14 I wear more colorful and more extravagant clothes/make-up
- 15 I want to meet or actually do meet more people
- 16 I am more interested in sex, and/or have increased sexual desire
- 17 I am more flirtatious and/or am more sexually active
- 18 I talk more
- 19 I think faster
- 20 I make more jokes or puns when I am talking
- 21 I am more easily distracted
- 22 I engage in lots of new things
- 23 My thoughts jump from topic to topic
- 24 I do things more quickly and/or more easily
- 25 I am more impatient and /or get irritable more easily
- 26 I can be exhausting or irritating for others
- 27 I get into more quarrels
- 28 My mood is higher, more optimistic
- 29 I drink more coffee
- 30 I smoke more cigarettes
- 31 I drink more alcohol
- 32 I take more drugs(sedatives, anti-anxiety pills, stimulants)

Primary Care Mood Questionnaire

1.	Has there ever been a period of time when you were not your usual self and (while not using drugs or alcohol):		
	You felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble? <i>(circle yes or no for each line please)</i>	Yes	No
	You were so irritable that you shouted at people or started fights or arguments?	Yes	No
	you felt much more self-confident than usual?	Yes	No
	you got much less sleep than usual and found you didn't really miss it?	Yes	No
	you were much more talkative or spoke faster than usual?	Yes	No
	thoughts raced through your head or you couldn't slow you mind down?	Yes	No
	you were so easily distracted by things around you that you had trouble concentrating or staying on track?	Yes	No
	you had much more energy than usual?	Yes	No
	you were much more active or did many more things than usual?	Yes	No
	you were much more social or outgoing than usual; for example, you telephoned friends in the middle of the night?	Yes	No
	you were much more interested in sex than usual?	Yes	No
	you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	Yes	No
	spending money got you or your family into trouble?	Yes	No

2-	If you checked YES more than one of the above, have several of these ever happened during the same period of time?	Yes	No
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3-	How much of a problem did any of these cause you-- like being unable to work; having family, money, or legal troubles; getting into arguments or fights?		
	No Problem	Minor Problem	Moderate Problem
			Serious Problem

4-	Draw a line connecting any (blood) relative to any problem (this doesn't have to be neat):				
	Grandparents	Mom	Dad	Aunts/Uncles	Brother/Sisters
	Suicide	Alcohol/drug problems		Mental Hospital	Manic or bipolar

5-	Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	Yes	No
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Read the following paragraph all the way through first. Check the statements that apply to you; then follow the instructions which appear below it:

- Some individuals noticed that their mood and/or energy levels shift drastically from time to time
- These individuals notice that, at times, they are moody and/or energy level is very low, and at other times, and very high
- During their "low" phases, these individuals often feel a lack of energy, a need to stay in bed or get extra sleep, and little or no motivation to do things they need to do
- They often put on weight during these periods
- During their low phases, these individuals often feel "blue", sad all the time, or depressed
- Sometimes, during the low phases, they feel helpless or even suicidal
- Their ability to function at work or socially is impaired
- Typically, the low phases last for a few weeks, but sometimes they last only a few days
- Individuals with this type of pattern may experience a periods of "normal" mood in between mood swings, during which their mood and energy level feels "right" and their ability to function is not disturbed
- They may then noticed they marked shift or "switch" in the way they feel
- Their energy increases above what is normal for them, and they often get many things done they would not ordinarily be able to do
- Sometimes during those "high" periods, these individuals feel as if they had too much energy or feel "hyper"
- Some individuals, during these high periods, may feel irritable, "on edge", or aggressive
- Some individuals, during these high periods, take on too many activities at once
- During the high periods, some individuals may spend money in ways that cause them trouble
- They may be more talkative, outgoing or sexual during these high periods
- Sometimes, their behavior during the high periods seems strange or annoying to others
- Sometimes, these individuals get into difficulty with co-workers or police during these high periods
- Sometimes, they increase their alcohol or nonprescription drug use during the high periods
- TOTAL THE NUMBER OF CHECK MARKS _____.

Please decide which of the following is most accurate:

- This story fits me very well, or almost perfectly
- This story fits me fairly well
- This story fits me to some degree, but not in most respects
- This story doesn't really describe me at all