DeVine Interventions Group, LLC
Gary J DeVine, LPC
5245 Ridge Avenue
Wissahickon Presbyterian Church
Philadelphia, PA 19128

Npi: 1558422949

DATE:

www.gapsychotherapy.org/
devinelpc@gmail.com
267-428-0321; fax: 267-200-0284

PRESCREEN

for DEPENDENT CLIENTS

Name *(Last, First, M.I.):*		☐ F ☐ M	**DOB:**
Address:			**Phone:**
Legal status:	❑ Minor ❑ Adult under guardianship	**Guardian's Name:**	
Primary Care MD:		**Referral Source:**	
Insurance:		**Member ID:**	

CHIEF COMPLAINT & HISTORY OF PRESENTING PROBLEM

LIST OF SYMPTOMS

	Depressed Mood		Unexplainable Weeping		Excessive worrying		Distrust
	Shortness of breath		Restlessness or fidgety		Fatigue or low on energy		Hallucinations
	Frequent headaches		Nervousness		Inflated self-esteem		Confusion
	Legal problems		Racing thoughts		Gastrointestinal problems		Irritability
	Impulsivity		Work/School problems		Rapid heart beat		Nightmares
	Overeating		Emotionally numb		Fear of losing control		Flashbacks
	Blackouts		Phobia or fears		Fear of illness or dying		Loneliness
	Low Self-esteem		Interpersonal conflict		Feelings of shame or guilt		Hyperventilating
	Excessive sleep		Memory impairment		Marriage/Family Problems		Poor appetite
	Numbness or tingling		Sexual acting out		Disassociating from self		Dizziness
	Angry outbursts		Trembling or shaking		Fear of intimacy		Insomnia
	Sexual Dysfunction		Secretive/bizarre behavior		Poor concentration		Stress
	Obsessive thoughts		Social withdrawal		Cravings for Drugs/Alcohol		Repetitive Rituals
	Weight loss		Oppositional behavior		Disassociating from environment		Risky behavior

TREATMENT HISTORY

Year	Reason	Hospital or Agency

MEDICAL INFORMATION

Name the Drug	Strength	Frequency Taken	Side Affects

Allergies:

☐	Skin disorder	☐	Heart or circulation problem	☐	RECENT CHANGE IN ANY BELOW:
☐	History of head injury	☐	Severe chronic pain	☐	Weight
☐	Multiple sclerosis	☐	Hormonal imbalance	☐	Control of bladder or boweL
☐	Thyroid/adrenal gland problm	☐	Viral or bacterial infection	☐	B vitamin level
☐	Epilepsy	☐	Cancer	☐	Hormone balance
☐	Stroke	☐	Recent pregnancy	☐	Other pain/discomfort:

OTHER MEDICAL PROBLEMS:

FAMILY HISTORY

NOTE IF STEP OR ADOPTIVE	MENTAL HEALTH & SUBSTANCE ABUSE HISTORY	SIBLING NAMES	SEX	AGE	MENTAL HEALTH & SUBSTANCE ABUSE HISTORY
Mother			☐ F ☐ M		
Father			☐ F ☐ M		
Grandmother *Maternal*			☐ F ☐ M		
Grandfather *Maternal*			☐ F ☐ M		
Grandmother *Paternal*			☐ F ☐ M		
Grandfather *Paternal*			☐ F ☐ M		

LEGAL HISTORY

Do you have any outstanding warrants?	Yes ☐ No☐	Upcoming trial?	☐ Yes ☐ No	**Trial date:**
CRIME	**ARRESTED?**	CONVICTED?	IMPRISONED?	LENGTH OF PAROL?
	Yes ☐ No☐	Yes ☐ No☐	__ mnths __ yrs	__ mnths __ yrs
	Yes ☐ No☐	Yes ☐ No☐	__ mnths __ yrs	__ mnths __ yrs

EDUCATIONAL HISTORY

CURRENT GRADE:	**GPA:**	**GRADES REPEATED:**
SOCIAL ADJUSTMENT:		
ACADEMIC PERFORMANCE:		
BEHAVIORAL PROBLEMS:		

BEHAVIORAL PROBLEMS:	

SPIRITUAL HISTORY

PLEASE WRITE ABOUT YOUR RELIGIOUS UPBRINGING AND SPIRITUAL JOURNEY AND HOW THIS EFFECTS YOUR CURRENT SITUATION.

If you were to die today and (proverbally) meet St. Peter at the pearly gates, and he asked you why should should be accepted into heaven, how would you respond?