



Therapy Solutions

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Bipolar Disorder Group Therapy Intake Questionnaire

Your answers on this questionnaire will help us determine if our group is a good fit for you. Completing it will shorten the intake interview, saving you money. Leave blank anything you prefer not to answer.

Date: _____

Name: _____

Address: _____
Street Address City State Zip Code

Phone Number(s):

Mobile: _____ Messages: ok discrete only not ok text ok
Other: _____ Messages: ok discrete only not ok

Date of birth: _____ Age: _____ Gender: _____

What **pronouns** should we use to refer to you? (**Bold**/circle/write)
she/her/hers he/his/him they/their/them xe/xyr/xem _____

How do you describe your **relationship status**? (**Bold**/circle/write)
single, never married married living with romantic partner(s)
divorced/separated widowed _____

Number of **Children**: biological adopted step

Highest level of **education**:

- Grammar or middle-school 2-year college degree
- Some high school 4-year college degree
- High school graduate or equivalent Professional/graduate degree
- Some college

Occupation (most recent if not currently working): _____

Current **work status**: Employed full-time Employed part-time Medically disabled
 Student Unemployed Retired

Are you (check all that apply):

- On probation or parole Applying for social security disability
- Court-ordered to treatment or classes Involved in a dispute over custody of children

What do you hope to get out of this therapy group? Why are you interested in it/what are your goals?

- 1.
- 2.
- 3.

Has a health professional diagnosed you with a mood disorder? No Yes

IF YES: When and by whom were you diagnosed? _____

What is your current diagnosis? _____

IF NO: What makes you suspect that you have a bipolar disorder?

HEALTH, HEALTH-RELATED BEHAVIORS, & TREATMENTS

Current and/or chronic non-psychiatric medical conditions (e.g., hypothyroidism; high blood pressure):

What are your current **exercise** habits?

How would you describe your **diet/nutrition**? (Circle all that apply; add notes as desired)

Balanced Nutritious Adequate Underfed Frequently hungry A lot of “junk” food

Vegetarian Vegan Gluten-free Dairy-free Low-sugar/carb Low-fat Paleo

How would you describe your **sleep**? Include how many hours you get in a typical 24-hour day.

Have you ever had a concussion or lost consciousness? Please describe (include age/year if known):

What mood-altering **substances** do you *currently* use?

	How often? (e.g., daily, 3 times/week, 1/month)	How much? (e.g., 1 pack cigs; 6 beers)
Tobacco/nicotine		
Alcohol		
Caffeine (tea, soda, coffee, energy drinks)		
Other (specify, e.g., marijuana, cocaine,		

LSD, mushrooms)		
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CURRENT psychiatric and non-psychiatric **medications** (prescription, over the counter, & herbal):

Name	Dose	Why taking it?	Name	Dose	Why taking it?
<i>Sample</i>	<i>20 mg</i>	<i>Ulcer</i>			

Who is *currently* prescribing your psychiatric medications (if any)?

Name: _____ Type of doctor: _____ Phone: _____

Current Psychotherapist: _____ Phone: _____

Current Support/Therapy Groups: _____

Other Current Treatment Providers: _____ Phone: _____

Past Psychiatric Hospitalizations (list *when, where, and why/for what*):

HISTORY OF MOOD SYMPTOMS

Depression

Have you experienced distinct periods of depression, lasting *at least 2 weeks*? ___Yes ___No

Which symptoms have you experienced *when depressed*? (check all that apply)

- ___ Feel sad, blue, or down in the dumps
- ___ Lose interest and/or can't take pleasure in things
- ___ Significant change in appetite (increase or decrease) and/or significant weight gain or loss
- ___ Get too little sleep (insomnia), or sleep too much (hypersomnia)
- ___ Feel slowed down in my movements, or very fidgety and restless
- ___ Feel fatigued or low in energy
- ___ Feel worthless, and/or very guilty about things
- ___ Am unable to concentrate, and/or have trouble making even small decisions
- ___ Think about death and/or killing myself, or made plans or took actions to kill myself

How many *separate times* have you had a period of *two weeks or more* when you experienced 5 or more of the above symptoms at the same time: _____

List the approximate dates of these depressive episodes: _____

Mania/Hypomania

Have you ever had a time when you were not your usual self, and your *mood was very high* (elevated, expansive, euphoric) or *very irritable*? ___Yes ___No

If yes, which of the following have you experienced *when feeling this way?* (check all that apply)

- Feel much more self-confident than usual
- Get much less sleep than usual and still feel rested
- Am much more talkative than usual, or speak much faster than usual
- Have thoughts racing through my head, or can't slow down my mind
- Am so easily distracted by things around me that I have trouble focusing or staying on track
- Have much more energy than usual
- Am much more active, or do many more things (activities, projects) than usual
- Am much more social or outgoing than usual, for example, telephoning friends in the middle of the night
- Am much more interested in sex than usual
- Do things that are unusual for me or that other people might think are excessive, foolish, or risky
- Spend excessive money that gets me or my family into trouble

How many *separate times* have you had a period of *4 days or more* when you experienced high or irritable mood, and had 3 or more of the above symptoms at the same time: _____

List the approximate dates of these manic/hypomanic episodes: _____

Is there anything else you would like to share in writing?