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| **Dr. Kelly S. Johnson**  **Estuary Healing Arts center**  **24W788 75th St., Naperville, IL 60565**  **630-355-3321**  **License #071-005691**  **NPI #1033254164** |

**--------------------------------------- Diagnostic Summary ---------------------------------------**

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| **Client Name**: | |  | | | **DOB**: | |  | | **1st Date of Service**: | |  |
| **Gender:** |  | | **Marital Status:** |  | **Ct. #**: |  | | **E-mail:** | |  | |

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| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Cell Phone:** | | | | |  | | | | | | | | **Work Phone:** | | | | |  | | | | | **Home Phone:** | | |  |
| **OK to leave message:**  No  Yes | | | | | | | | | | | | | **OK to leave message:**  No  Yes | | | | | | | | | | **OK to leave message:**  No  Yes | | | |
| **Preferred Phone:** Home  Work  Cell  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Call in Case of Emergency** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** | | |  | | | | | | | | | | | | | | | | **Email:** | | |  | | | | |
| **Relationship to client:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **CURRENT LIFE SITUATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Who Referred You?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | | | | | **May I contact the referral to thank them?** | | | | | | | |  Yes  No | |
| **Phone #:** | | | |  | | | | | | | | | | | | | **Email:** | | | |  | | | | | |
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| **Living situation** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  alone  w/ family  rooming house  group residence  foster care  other: | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Household members and ages:* | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **Culture** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language spoken at home: | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Religion/Faith/Spirituality raised in if any: | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Religion/Faith/Spirituality currently practice if any: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| **Social club/organization** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  No | | |  Yes (*description)*: | | | | | | |  | | | | | | | | | | | | | | | | |
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| **Other agencies or providers involved** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  None | | | | | |  Yes (*description)*: | | | | |  | | | | | | | | | | | | | | | |
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| **Developmental History** *(birth, walking, talking, toilet training, etc.)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  None | | | | | |  Yes (*description)*: | | | | |  | | | | | | | | | | | | | | | |
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| **Education** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Highest grade completed (K-12) or college/university (U1-U8): | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  None | | | | | |  The following was reported: | | | | | | | | | | | | | | | | | | | | |
| Learning Disabilities  No  Yes (*explain)*: | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Additional Education  No  Yes (*explain)*: | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Further comments on above  No  Yes (*explain)*: | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **Legal Issues** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  None | | | | | |  Yes (*description)*: | | | | | |  | | | | | | | | | | | | | | |
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| **Vocational** *(Job/Career training and/or work experience)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  None | | | | | |  Yes (*description)*: | | | | | |  | | | | | | | | | | | | | | |
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| **Military Service** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  None | | | | | |  Yes (*description)*: | | | | | |  | | | | | | | | | | | | | | |
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| **RELEVENT MEDICAL HISTORY** |

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| **PCP Name:** | | |  | | | | |
| **Address:** | |  | | | | | |
|  | | | | | | **Zip:** |  |
| **Phone:** |  | | | **Fax:** |  | | |

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| **Illnesses and Allergies** | | | | |
|  None reported  the following was reported  | | | | |
| **Type of**  **Illness or Allergy** | **Date or**  **Age of Onset** | **Medications** | **Relevant Information** | **Severity** |
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| **Mental Health History** | | | | | | | |
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| **Psychiatrist Name:** | | |  | | | | |
| **Address:** | |  | | | | | |
|  | | | | | | **Zip:** |  |
| **Phone:** |  | | | **Fax:** |  | | |

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| **Current Psychiatric Medication/s** | | | | | | | | | | | | | | |
|  None reported  the following was reported | | | | | | | | | | | | | | |
| **Medication** | | | **Dosage** | | **Prescriber** | | | | **Date Started** | | **Side Effects** | | | |
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| **Previous Psychiatric Hospitalizations, Individual and/or Group Treatment – if any, or cite NONE** | | | | | | | | | | | | | | |
|  None reported the following was reported | | | | | | | | | | | | | | |
| **Dates or Age** | | **Therapist or Hospital** | | | | | **Type of TX** | **Reason/Symptoms/Medications** | | | | | **Outcome** | |
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| **Current Presenting Problem** | | | | | | | | | | | | | | |
| Why client is seeking services: | | | |  | | | | | | | | | | |
| **Dates or**  **Age of Onset** | **Symptoms** | | | | | **Behavioral Example of Symptom** | | | | **Severity**  mild, moderate, severe, extreme | | **Duration** | | **Medication** |
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| **Mental Health History**  Biological Family | | | | | | | Mother | Father | Sister/s | Brother/s | Grdmother | Grdfather | Aunt/Uncle |
| Depression | | | | | | |  |  |  |  |  |  |  |
| Anxiety | | | | | | |  |  |  |  |  |  |  |
| Panic | | | | | | |  |  |  |  |  |  |  |
| Alcohol/drug abuse (specify): | | | | | |  |  |  |  |  |  |  |  |
| Eating D.O. (specify): | | | |  | | |  |  |  |  |  |  |  |
| Bipolar D.O. | | | | | | |  |  |  |  |  |  |  |
| Mania | | | | | | |  |  |  |  |  |  |  |
| Schizophrenia | | | | | | |  |  |  |  |  |  |  |
| Paranoia | | | | | | |  |  |  |  |  |  |  |
| Learning Disability(specify): | | | | |  | |  |  |  |  |  |  |  |
| ADHD | | | | | | |  |  |  |  |  |  |  |
| Other: |  | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| **Mental Health History**  Adopted or Foster Family | | | | | | | Mother | Father | Sister/s | Brother/s | Grdmother | Grdfather | Aunt/Uncle |
| Depression | | | | | | |  |  |  |  |  |  |  |
| Anxiety | | | | | | |  |  |  |  |  |  |  |
| Panic | | | | | | |  |  |  |  |  |  |  |
| Alcohol/drug abuse (specify) | | | | | |  |  |  |  |  |  |  |  |
| Eating D.O. (specify): | | |  | | | |  |  |  |  |  |  |  |
| Bipolar D.O. | | | | | | |  |  |  |  |  |  |  |
| Mania | | | | | | |  |  |  |  |  |  |  |
| Schizophrenia | | | | | | |  |  |  |  |  |  |  |
| Paranoia | | | | | | |  |  |  |  |  |  |  |
| Learning Disability (specify): | | | | | |  |  |  |  |  |  |  |  |
| ADHD | | | | | | |  |  |  |  |  |  |  |
| Other: | |  | | | | |  |  |  |  |  |  |  |
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| **Other Relevant Family History (***Relevant loss/separation, significant illness, traumatic events, domestic violence, substance abuse, abuse/neglect, etc. of parents/care-givers, siblings)* | | | | | | | | | | | | | |

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|  None  The following was reported | |
| **Date or Age** | **Description** |
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| **TRAUMA HISTORY** |

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| **Physical/Sexual/Emotional Abuse and/or Neglect of Client** | | |
|  None  The following was reported: |  | |
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| **Intimate Partner Violence** | | |
|  None  The following was reported: | |  |

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| **SUBSTANCE ABUSE HISTORY** | | | |
|  None reported  The following was reported | | | |
| **Date &/or Age** | **Type of Substance** | **Describe** *(frequency, intensity, duration)* | **Follow-up or Result** |
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| **SELF HARM & RISK ASSESSMENT – if relevant, or cite NONE** | | | | | | | | | |
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| **Past Suicide Attempts (SA) &/or Suicidal Ideation (SI)** | | | | | | | | | |
|  None reported  the following was reported | | | | | | | | | |
| **Date &/or Age** | | **Relevant Information** | | | | | | **Follow-up or Result** | |
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| **Current Risk Assessment to Self or Others – to discuss with clinician at time of appointment** | | | | | | | | |
| **Suicide** | **Homicide** | | **Assault** | **Other**: |  | **Safety Plan** (\*if high risk): | | |
|  High\* |  High\* | |  High\* |  High\* | | |  | |
|  Plan |  Plan | |  Plan |  Plan | | |
|  Means |  Means | |  Means |  Means | | |
|  Access |  Access | |  Access |  Access | | |
|  Intent |  Intent | |  Intent |  Intent | | |
|  Medium |  Medium | |  Medium |  Medium | | |
|  Low |  Low | |  Low |  Low | | |
|  NA |  NA | |  NA |  NA | | |
|  Safety Plan |  Safety Plan | |  Safety Plan |  Safety Plan | | |
| **Frequency, Intensity, Duration:** | | |  | | | | | |
|  | | | | | | | | | |
| **Other** (*relevant information not contained in previous sections, or additional information/elaboration)* | | | | | | | | | |
|  None reported.  The following is relevant | | | | | | | | | |
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| For therapist to complete | | | | | | | | | |
| **DIAGNOSTIC FORMULATION** | | | | | | | | | |
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| **Identifying information** | | | | | | | | | |
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| **Reason client is seeking services** | | | | | | | | | |
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| **Relevant Mental Status** | | | | | | | | | |
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| **Symptoms** | | | | | | | | | |
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| **Barriers to Tx** *(T and Z Codes or bio-psych-social-stressors and their impact on symptoms/functioning)* | | | | | | | | | |
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| **Community resources recommended or involved** | | | | | | | | | |
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| **Summary of mental health issues, hospitalizations, TX and any relevant medical issues** *(particularly if extensive and/or within the last year)* | | | | | | | | | |
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| **Client’s Strengths** | | | | | | | | | |
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| **DIAGNOSIS** | | | | | | |
| **Mental Health Diagnosis** | | **ICD 10** | **Severity** | **Bio/Psycho/Social Stressors**  **or T and Z Codes** | **ICD 10** | **Severity** |
| **Primary**: |  |  |  |  |  |  |
| **Secondary**: |  |  |  |  |  |  |
| **Tertiary**: |  |  |  |  |  |  |

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| **TX Strategies** |
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| **Signature:** |  | **Licensure:** |  | **Date:** |  |