

Sheryl M. Hakala, M.D., P.A.

815 South Rome Avenue,
Tampa, Florida 33606
Phone: (813) 503-7404



Personal Information

Date: ____/____/____

Full Name: _____

Address: _____

Home phone: (____)____-____ Work phone: (____)____-____

Cell phone: (____)____-____ Other phone : (____)____-____

Gender: () Male () Female Date of Birth: ____/____/____ Age: _____

Marital Status:

____ Single ____ Separated ____ Significant Other

____ Engaged ____ Divorced ____ Widowed

____ Married

Who lives with you?

____ Live alone ____ Parents ____ Spouse

____ Child(ren) ____ Grandparents ____ Roommate

____ Significant Other ____ Other

Family History

Where were you born? _____

Where did you grow up? _____

Who primarily raised you? _____

Father's name: _____ Age: _____

Occupation: _____

Is your father still living? ____ Yes ____ No If no, age of death: _____ Your age: _____

Mother's name: _____ Age: _____

Occupation: _____

Is your mother still living? ____ Yes ____ No If no, age of death: _____ Your age: _____

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If your parents are still living, what is the status of their relationship?

- Married Never Married Separated
 Divorced Widowed Other, explain: _____

Describe your mother: _____

Describe your father: _____

Describe your parents' (or parent substitutes') relationship with each other:

What was your relationship like with your parents as a child?

What was your relationship like with your parents now?

Rate the degree that you confided in your parents as a child.

- | | | | | | |
|-------|--------|-----------|-------|------------|--------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Never | Rarely | Sometimes | Often | Very Often | At all times |

Often At all times Rate the degree that you confide in your parents now

- | | | | | | |
|-------|--------|-----------|-------|------------|--------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Never | Rarely | Sometimes | Often | Very Often | At all times |

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How many siblings do you have? _____

What is your birth order? _____

What was your relationship like with your siblings when you were growing up?

How were things financially in your family when you were growing up?

Were there any difficulties while you were growing up in your family?

Describe your home environment as a child:

Describe yourself as a child (0 to 12 years of age):

How would you characterize your childhood?

Describe your parents discipline method:

Describe childhood fears you may have had as a child:

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As a child, were there any situations or events that made you sad or upset? Please describe.

How much contact do you have with your immediate family (parents, siblings) now?

School History

Where did you go to school?

Elementary _____

Middle _____

High School _____

What grade did you finish? ____ When did you receive your high school diploma or GED? ____

If you left high school before graduating, what were the reasons for leaving?

How did you do academically in school?

Did you have any disciplinary or behavior problems when in school?

Describe your relationship with your teachers:

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Describe extra-curricular activities that you were involved in, including jobs.

Did you attend college? If so when and where?

List your degrees and areas of professional study/specialty training:

Work History

What is your current occupation? _____

How long have you worked in this field? _____

Are you satisfied with your present employment? If no, please explain.

Describe any difficulties you have had in your present employment?

Describe your boss.

How would your boss describe you?

What other fields have you worked in?

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Describe any difficulties you had with past employers.

Social History

Where do you live now and how long have you lived there?

Describe the neighborhood that you live in.

Describe your home and home environment, including facilities for kids (ie. Playground, pool).

Medical History

How would you rate your physical health?

Poor Not well Fair Somewhat Good Moderately Good
 Good Very Good Extremely Good Excellent

Do you eat a well-balanced diet? Yes No Do you exercise on a regular basis? Yes No

Do you smoke? If yes, how much? _____

Do you drink alcoholic beverages? If yes, how often and how much do you drink?

Please identify any major medical problems or disability(ies) that you have.

Who is your primary medical provider (name, address, phone, etc)?

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Are you presently under the care of any other medical practitioner(s)(name, address, phone, etc)?

Are you presently seeing a psychiatrist? If yes, who?

Please list all prescription medications you are on presently and prescribing doctor.

Are you taking any over the counter vitamins or herbs? If yes, please list.

What concerns do you have about your physical health?

Please identify major surgery(ies) that are relevant to your emotional and physical well-being.

Psychological Background

Have you ever participated in therapy or counseling of any sort? ___ Yes ___ No

What type(s)? _____

If you have been in therapy, who is your therapist or counselor? _____

When did you start therapy and how often did you attend?

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In general, what kinds of issues did you talk about in therapy?

Have you ever been hospitalized for psychological or psychiatric reasons? If yes, when/where?

Does any member of your family have mental or emotional health problems? ___ yes ___ no

Have you ever attempted to commit suicide? ___ yes ___ no

Has any member in your family ever attempted to commit suicide? ___ yes ___ no

Have you ever been sexually abused? If so, please describe the physical abuse as it began first.

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Substance Use History and Treatment

Please identify by checking whether you have never used, ever used or currently use any of the following substances?

Substance	Never Used	Ever Used	Currently Use
Beer	_____	_____	_____
Wine	_____	_____	_____
Hard Liquor	_____	_____	_____
Marijuana	_____	_____	_____
Heroin	_____	_____	_____
Cocaine	_____	_____	_____
Amphetamines (uppers)	_____	_____	_____
Benzodiazepines (downers)	_____	_____	_____
Prescription drugs (w/out prescription)	_____	_____	_____

When did you use these substance(s), please list for each substance identified.

Has the use of any of the substance cause problems for you? If so, please describe.

Have you ever neglected your family, children, or friends because of your use of substances, including alcohol? If yes, please describe.

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Have you ever been in a treatment program for substance use or abuse? If yes, please describe when, where and for how long.

Are you currently involved in a treatment program including outpatient therapy or 12-step support groups (ie. AA, NA)? If so, please describe how often you attend meetings and your level of activity in the group.

Criminal History

Have you ever been arrested for a crime? ___ yes ___ no

If yes, when was the arrest, was it a misdemeanor or felony charge, and what was the outcome for each charge?

If you were convicted of a crime, what was the outcome and how long did you serve? (ie. Prison time, probation)

Relationships

Is it easy for you to make friends? ___ yes ___ no

Do you keep friends that you make? ___ yes ___ no

Do you have one or more friends that you share most personal thoughts and/or experiences with?
___ yes ___ no

Did you have a lot of dates in high school? ___ yes ___ no

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Did you have a lot of dates in college? ___ yes ___ no

Describe a relationship of yours that is positive.

Describe a relationship of yours that is negative.

In social situations, describe how you generally feel.

How many times have you been married? _____

Please list the dates of the marriages, name of partner and how the marriage ended, if applicable.

If you are not married, are you presently involved in a serious relationship? If so, please describe the relationship.

If you are involved in a relationship or remarried and the person has children, how well do your families blend together? Please describe.
