****

**1607 Lake Harbin Rd.**

**Morrow, GA 30238**

**404-457-7219**

**Tosha S. Anderson, D.Min**

 **Certified Anger Management Specialist**

**Anger Management Intake Form**

Date of Assessment:

**DEMOGRAPHICS**

Name:

DOB: (Age: )

Race: Black [ ]  White [ ]  Latino [ ]  Gender: [ ]  Male [ ]  Female

Address: (Home):

Home Phone:

Probation Officer/Court of referral:

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated

Living Situation:[ ] Live with partner[ ] Live alone [ ] Live w/family[ ]  Friend

How long in current residence? Rent[ ]  Own:[ ]

Who lives with client at residence (include names, ages and relationships to client)

Dependents:How many children?:Spouse: Other Dependents:

**EDUCATION**

Highest grade completed: GED[ ]  HS[ ]  College/Degree Received[ ]

If drop out, why:

Can client read and write:[ ] Yes [ ] No

**EMPLOYMENT**

Current Employee: Phone:

Address:

Current Job Title: Length of Employment:

**MEDICAL/HEALTH**

Do you have any ongoing health problems?:[ ] Yes [ ] No. If yes, please explain:

Are you currently taking any medications?:[ ] Yes [ ] No. If yes, what are you taking:

**PSYCHIATRIC STATUS**

Have you ever been treated for psychological or emotional problems? [ ] Yes [ ] No.

If yes, for what were you being treated?

How long ago did you receive counseling or treatment?

Did you complete the program:[ ] Yes [ ] No. If no, why not?

Have you experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functions, in the past 30 days or in your life time:[ ] Yes [ ] No.

If yes, explain:

Have you experienced serious anxiety, tension, up-tightness, stress, unreasonably worried, inability to relax? [ ] Yes [ ] No. If yes, explain when was the last time and how often does this occur:.

Have you experienced hallucinations-saw things or heard voices that were not there?

[ ] Yes [ ] No. When was the last time you experienced hallucinations?

Have you experienced trouble understanding, concentrating, or remembering?[ ] Yes

[ ] No. If yes, explain:

Have you experienced trouble controlling violent behavior, including episodes of rage or violence? [ ] Yes [ ] No. When was the last time this occurred?

What usually triggers this behavior?

Have you experienced thoughts of suicide in the past 30 days or in your life time?[ ] Yes

[ ] No. If yes, explain:

Do you feel suicidal today?[ ] Yes [ ] No. If yes, do you have a plan?[ ] Yes [ ] No. If yes, describe your plan:

Have you ever attempted suicide?[ ] Yes[ ] No. If yes, explain:

Have you felt like hurting others or committing homicide? [ ] Yes [ ] No. If yes, whom did you want to hurt and what were the reasons?

Have you ever been prescribed medication(s) for any psychological or emotional problems?[ ] Yes [ ] No If yes, for what was the medication prescribed?

Was the treatment successful?[ ] Yes [ ] No Explain:

**ALCOHOL AND DRUG HISTORY**

At what age did you have your first drink of alcohol and/or drugs?

Do you currently drink alcohol and/or use drugs? [ ] Yes [ ] No. If yes, what do you use:How often do you use and how much?

For what reasons did you quit?

Have you ever received treatment for alcohol or drug abuse/dependence?[ ] Yes [ ] No. If yes, when and where were you in treatment?

Did you successfully complete treatment?[ ] Yes [ ] No. If not, why not?

Are you still abstinent?[ ] Yes [ ] No. If no, what triggered your relapse?

Where you drinking and/or using drugs during your most recent abusive episode?[ ] Yes

[ ] No. Is the use of alcohol &/or drugs a problem in your relationship?[ ] Yes [ ] No.

Do you need help for alcohol or drug abuse/dependency problems?[ ] Yes [ ] No.

**CHILDHOOD HISTORY**

By who were you raised?[ ] Parents [ ] Grandparents [ ] Relatives [ ] Foster Care

Client said that his childhood was good; client said that she was raised by her parents.

Are your parents/guardian living or deceased:[ ] Living (M/F) [ ] Deceased(M/F).

Did you experience any traumatic events during your childhood (i.e., deaths, abuse, etc.)

[ ] Yes [ ] No. If yes, explain:

Number of siblings: sister(s) brother(s)

Is your relationship with your siblings close or distant? Explain:

How would you describe your relationship with your father? [ ] Close [ ] Distant

Explain what made it close or distant:

How would you describe your relationship with your mother?[ ] Close [ ] Distant

Explain what made it close or distant?

Were you or any of your siblings physically, psychologically, or sexually abused as children?[ ] Yes [ ] No. By whom?

What was the impact emotionally and psychologically on the abused?

Did you have any problems with anger or violent behavior as a child or teenager?[ ] Yes

[ ] No. If yes, please explain:

Were there any other events or circumstances regarding your childhood that may help us understand your particular counseling needs?[ ] Yes [ ] No. If yes, explain:

Did you ever see your father or mother physically or psychologically abuse each other? [ ] Yes [ ] No. If yes, explain:

What impact did seeing/hearing one of your parents abuse the other have on you emotionally, psychologically, or physically?

Please tell me about any concerns you or others have about your anger.

**ANGER/VIOLENCE HISTORY**

**MOST RECENT ANGER EPISODE**

Please describe in detail your most recent anger incident:

With whom?

How did it end?

What actions did you demonstrate during the angry episode?[ ] Physical [ ] Verbal Threats [ ] Property destruction [ ] Other: Explain:

Explain how did you feel physically while you were angry?[ ] Tense [ ] Rush [ ] Strong

[ ] No Other

Were there any use of alcohol and/or drugs by anyone involved?[ ] Yes [ ] No. If yes, by whom?

Was this incident typical?[ ] Yes [ ] No.

**EXPLAIN YOUR WORST ANGER EPISODE**

When and with whom were involved? This one

What happened?

How did this angry episode start?

How did it end?

Any alcohol or drugs by anyone involved? [ ] Yes [ ] No. If yes, who was using?

What actions did you demonstrate during the angry episode? [ ] Physical [ ] Verbal

[ ] Threats [ ] Property destruction [ ] Other: Explain:

**Duration:**

When you become angry, how long do you remain angry?

**Intensity:**

On a scale of 1 to 10, with one representing no anger and 10 representing explosive anger, rate the intensity of your anger during the angry episode.

**Frequency:**

How often have you had trouble with your anger:

[ ] This time only [ ] This month only [ ] Last six months [ ] Since childhood

[ ] Adolescent [ ] Only as an adult

**Would you say that lately you become angry**

[ ] more often than a year ago?

[ ] less often than a year ago?

[ ] about the same as a year ago?

**Would you say that lately when you become angry you have**

[ ] more control than previously over what you say and do?

[ ] less control?

**When upset are you more likely to become angry at**

[ ] others?

[ ] yourself?

[ ] both yourself and others

**Immediate Stressors:**

**A. What occurred in your life now or in the past several months that has caused you stress, concern, or anxiety?**

|  |
| --- |
| *Financial troubles:* |
| Relationship problems: |
| Health concerns: |
| Job or school difficulties: |
| Legal issues: |
| Emotional problems: |
| Concern about someone else: |
| Religious or spiritual issues |
| Other (specify): |
|  |

**WITH WHOM DO YOU GET ANGRY**

[ ] Partner [ ] Parents/Step-Parents [ ] Your children (step-children)

[ ] Relatives [ ] Employer/Co-workers [ ] Friends [ ] Other(whom)

What about?

**FAMILY OF ORIGIN**

Describe what the following people do/did with their anger, especially when you were growing up:

Your father/stepfather:

Your mother/stepmother:

Your brother/sisters:

Other significant persons(grandparents, etc.)

Is there any family history of bad temper, assaults, homicides or suicides?None

Were you physically or sexually assaulted? If so, how do you think that has affected you, especially in terms of anger?

**ANY CURRENT PROBLEMS WITH OR HISTORY OF:**

**Problem: Describe:**

**[ ]** Brain injury

[ ] Stroke

[ ] Epilepsy/Seizures

[ ] Attention Deficit Disorder

[ ] Premenstrual Syndrome

[ ] Depression

[ ] PTSD

[ ] Other serious illness

Are you currently taking any medications:[ ] Yes [ ] No. If yes, what are you taking?

 **LEGAL HISTORY RELATING TO ANGER/AGGRESSION**

Current legal problems related to anger/aggression:

Past legal problems related to anger/aggression:

**HOW HAVE YOU ATTEMPTED TO CONTROL YOUR ANGER?**

**[ ]** I never have.

[ ] Talk to myself. What do you say to yourself to control your anger?

[ ] Leave the scene. How long?      What do you do?

[ ] Try to relax. How?

[ ] Go to a self help group such as A.A.

[ ] Other? What? She said that she tries to talk it out.

**What do you think is the first thing you need to do to help you control your anger?**

**What else do you need to do?**

Is there anything else you can tell me that might help me understand your anger and how it affects you and others?

Recommendation:

What would you like to change or learn as a result of counseling?

1.

2.

3.

**Clinician Signature: Date:**