



Person's Name (First MI Last): Jean B. Stone		Record #:	Date of Admission: 7/1/10
Organization/Program Name: Creative Life Choices Inc/Oak Street Program		DOB: 10/1/84	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender
Trauma History (Describe in comments section each element checked)			
Comments: (Include single event versus sustained and if information came from collateral source):			
<input type="checkbox"/> Physical Abuse			
<input type="checkbox"/> Domestic Violence/Abuse			
<input type="checkbox"/> Sexual Abuse/Molestation			
<input type="checkbox"/> Community Violence			
<input type="checkbox"/> Elder Abuse			
<input type="checkbox"/> Financial Abuse			
<input type="checkbox"/> Verbal/Emotional Abuse			
<input type="checkbox"/> Physical Neglect			
<input type="checkbox"/> Emotional Neglect			
<input type="checkbox"/> Military Related Trauma			
<input checked="" type="checkbox"/> Other Trauma	Jean was in a car accident at the age of 10 during which she hit her head against the dashboard. She was diagnosed with a concussion and "hasn't been the same" since the accident. Jean explained that she was no longer able to concentrate after the accident and her grades fell significantly. "I was a really good student before the accident and it's really hard because I remember how smart I used to be." Jean had assignment accommodations in her IEP for the rest of her school years. Since the accident, she reports that she has a hard time handling her anxiety when she is in a car and the driver has to slam on the brakes.		
<input type="checkbox"/> Witness to Violence			
<input type="checkbox"/> Exploitation			
<input checked="" type="checkbox"/> Other (what does person identify as traumatic for them?)	Jean stated that her father leaving the family when she was very young was traumatic for her. She explains that when she feels her schizoaffective symptoms start to re-surface, she often wonders why her father left. She also believes that the auditory hallucinations she has heard prior to past suicide attempts have been her father's voice. In the past, these hallucinations have been insulting, degrading and commanded her to kill herself.		
Current Involvement by: <input type="checkbox"/> None Reported <input type="checkbox"/> Department of Children and Families <input type="checkbox"/> Disabled Person's Protection Commission <input type="checkbox"/> Elder Affairs <input type="checkbox"/> Other: _____ Comments: _____			
Additional Mandated Report Required?: <input checked="" type="checkbox"/> None <input type="checkbox"/> Department of Children and Families <input type="checkbox"/> Disabled Person's Protection Commission <input type="checkbox"/> Elder Affairs <input type="checkbox"/> Other: _____ Comments: _____			
Person's Signature (Optional, if clinically appropriate)	Date:	Parent/Guardian Signature (If appropriate):	Date:
Clinician/Provider - Print Name/Credential: Anna Renner, LMHC	Date:	Supervisor - Print Name/Credential (if needed):	Date:
Clinician/Provider Signature:	Date:	Supervisor Signature (if needed):	Date:



Psychiatrist/MD/DO (If required):	Date:	
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