



Psychological Symptom Survey

Functional Medicine
Functional Doctor DC, DACBI, DACBN, CFMP, CACP,ND
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Report Date: 02-11-2014
Date Completed by Patient: 02-11-2014
Patient: Jane Doe
Date of Birth: 1-1-1980
Address: 1212 Main Street Anycity, Anystate, 09876
Home Phone: 222-333-4444
Work Phone: 222-444-5555
Cell Phone: 222-777-8888
Fax Phone: 222-888-9999
Email: janedoe@email.com
Emergency Contact: 222-555-6666
Patient Notes: My main concerns are being tired and depressed over the past several months.

Sample

Report Date: 02-11-2014

Date Completed by Patient: 02-11-2014

Patient: Jane Doe

Date of Birth: 1-1-1980

Emotion(s) Selected:

- Anxiety
- Cry easily
- Defensiveness
- Depression
- Disappointment
- Fear
- Feeling lost
- Guilt
- Indecisiveness
- Insecurity
- Lack of joy
- Moodswings
- No desire for anything
- Not feeling good enough
- Not feeling safe
- Overwhelmed
- Worry

Prior and/or present treatment for emotional symptom(s) listed: I was treated for depression about five years ago. I think it was due to the death of a family member. I had several counseling sessions and was given medication for depression. Last year I moved from my home town. I miss seeing my friends and family. I now live near a chemical producing factory.

Clinicians's Notes:

Signature: _____

Date: _____