



The PTSD Institute  
Pioneering CBT-X

1700 Seventh Avenue, Suite 210  
Seattle, Washington 98101  
(206) 624-3800

Date:

**Contact Information**

Name:

Phone Number: ( ) - Email Address:

**How were you referred to our office?**

**Who is the potential patient?**

Myself My child Other (Please Explain):

**Why are you seeking treatment?**

**Please provide a brief summary of any mental health treatment history and/or prior diagnoses:**

**Current Primary Care Physician:**

Name:

**Current Mental Health Provider(s):**

Name: Title:

Name: Title

**Please include any other information you think may be relevant to Dr. Adler at this time:**

Please note that while our office assists in billing to your insurer, Dr. Adler does not accept any form of healthcare insurance.

Completed by (First and Last Name): \_\_\_\_\_

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you during the past seven days with respect to how much were you distressed or bothered by these difficulties?

		Not at All	A little Bit	Moderately	Quite a Bit	Extremely
1.	Any reminder brought back feelings about it.	0	1	2	3	4
2.	I had trouble staying asleep.	0	1	2	3	4
3.	Other things kept making me think about it.	0	1	2	3	4
4.	I felt irritable and angry.	0	1	2	3	4
5.	I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	2	3	4
6.	I thought about it when I didn't mean to.	0	1	2	3	4
7.	I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8.	I stayed away from reminders about it.	0	1	2	3	4
9.	Pictures about it popped into my mind.	0	1	2	3	4
10.	I was jumpy and easily startled.	0	1	2	3	4
11.	I tried not to think about it.	0	1	2	3	4
12.	I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13.	My feelings about it were kind of numb.	0	1	2	3	4
14.	I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15.	I had trouble falling asleep.	0	1	2	3	4
16.	I had waves of strong feelings about it.	0	1	2	3	4
17.	I tried to remove it from my memory.	0	1	2	3	4
18.	I had trouble concentrating.	0	1	2	3	4
19.	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20.	I had dreams about it.	0	1	2	3	4
21.	I felt watchful and on guard.	0	1	2	3	4
22.	I tried not to talk about it.	0	1	2	3	4