

EASA Information Form
(Complete within first week if possible).

This form may be completed by individuals or knowledgeable family members. (Complete all items; write "not applicable" or "don't know" as appropriate).

1. Name of EASA client: _____

2. Name of person (people) completing form: _____

a. Phone number: _____

3. Date form completed: _____

4. Date of birth of EASA client: _____

5. Describe current and previous medical conditions, head injuries or developmental/learning disabilities: _____

6. Name and phone of primary care doctor/other medical providers: _____

7. Describe any previous traumatic experiences: _____

8. Previous mental health concerns and treatment? _____

9. Allergies: _____

10. Current medicines? _____

11. Describe any history of substance use/abuse and treatment:_____

12. What is this person's school and work history?_____

13. What is this person's current school or work situation?_____

14. What relationships are particularly important in this person's life? _____

15. Describe the person's living situation. (Who lives with him/her? Is there conflict occurring? Is the living situation stable or is it in jeopardy?) _____

16. Describe this person's independent living skills and experience (cooking, cleaning, paying bills, transportation, etc.). _____

19. What attempts have been made to find help, and what has been the result of those attempts? _____

20. What is the individual's explanation of the changes that have happened (if any)? _____

21. What are other family members' understandings of the changes that have happened?

22. How have these changes affected other family members? _____

23. Significant family psychiatric or medical history: _____
