

# ANXIETY DISORDERS

CLIENT NAME: \_\_\_\_\_

Submit the Impaired Risk Questionnaire with this form

1. List the date of diagnosis: \_\_\_\_\_
2.  generalized anxiety disorder                       panic disorder  
 obsessive compulsive disorder             post-traumatic stress syndrome  
 agoraphobia  
 other anxiety disorder \_\_\_\_\_
3. Indicate the number of episodes and date of last episode/recovery:  
\_\_\_\_\_.
4. Is client on any medications:  
 yes, name and dosage \_\_\_\_\_  
\_\_\_\_\_  
 no
5. Has client been hospitalized or seen in the emergency room for treatment of anxiety or other psychiatric illness? Give dates and lengths of stay.
6. Does client have a history of any of the following associated conditions?  
(check all that apply)  
 depression     suicidal thought/attempt  
 substance abuse (alcohol or drugs)  
 Other psychiatric disorder \_\_\_\_\_
7. Is the client currently working? (occupation)
8. Has any time been lost from work as a result of condition? (Give full details)
9. Is client taking any medication? (accurate spelling & dosage)
10. Does client have any other health issues?