

CENTER FOR EMOTIONAL FITNESS / SHORE THERAPY

RELATIVE/FRIEND FORM

NAME: _____ PATIENT: _____ DATE: _____

TO BE FILLED OUT BY RELATIVE/FRIEND OF PATIENT: Please complete this from your perspective of the patient.

Please write a brief history of the patient.

Your perspective on the patient's problems.

Brief history of the patient's family, marriages and childhood.

Tell me about the patient's family now.

How is the patient's medical health?

What are the patient's strengths?

What are the patient's weaknesses?

Is there a family history of psychiatric problems in patient's family?

Are you opposed to psychiatric medications?

What do you want Dr. Rosenberg to do to help?

NOTE: If you are an immediate biological relative of the patient, it would be helpful to Dr. Rosenberg (and to the patient) if you also fill out a Patient Form about yourself and your history.