



Irritability	Suicidal Thoughts	Periods of "Lost" Time	Recent Upsetting Change or Loss
Hyperactivity	Thoughts of Harming Others	Excessive Anger / Aggressiveness	Alcohol Abuse
Impulsiveness	Self Harm/Cutting	Difficulty Trusting Others	Drug Abuse
Elevated Mood	Anxious/Worried	Binge Eating / Purging	Overuse of Prescription Medication

**Medications:** Please list all medications or supplements that you are **currently** taking. Include psychiatric and medical medications.

<b>Medication</b>	<b>Dose</b> <i>(mg, units, mL, etc)</i>	<b>Doses per day</b> <i>(AM, twice daily, at bedtime, etc)</i>
1.		
2.		
3.		
4.		
5.		
6.		

**Have you experienced a head injury? If so, please explain what happened, your age, and if you were unconscious:** \_\_\_\_\_

**Primary Care Physician:**

**Clinic Address and Phone Number:**

<b>Current Medical Diagnoses</b> <i>i.e. asthma, diabetes, seizures, etc</i>	<b>Treatment?</b>
1.	
2.	
3.	
4.	

<b>Previous Surgeries</b>	<b>Approximate Date</b>	<b>Location/Hospital</b>
1.		
2.		
3.		

<b>Previous Hospitalizations</b>	<b>Approximate Date</b>	<b>Location/Hospital</b>
1.		
2.		
3.		

**Medication Allergies:**

**Food Allergies:**

**Past Psychiatric History**

Have you ever seen a psychiatrist? If so, please provide information about providers, dates, and treatment rendered.

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Have you ever seen a psychologist? \_\_\_\_\_

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Have you ever seen a therapist (*i.e. LMHC, LCSW, LMFT*)?

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Have you ever been hospitalized for psychiatric reasons? If so, where and when?

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**Developmental History:**

Any Learning Disabilities (*i.e. reading, dyslexia, writing, math, etc*)?:

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Attended Special Education Classes?:

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Received Any Developmental Services (*i.e. physical, speech, occupational therapy, etc*)?:

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**Social History:**

Marital Status: Single Married Divorced Widowed Partnered

Lives With (Name, Age, and Relation to Yourself):

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Highest Grade Attended: \_\_\_\_\_

Occupation and Employment (*specialty, where you work, and how long*):

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Military History: \_\_\_\_\_

Arrest History or Pending Legal Issues (*i.e. divorce, disability, bankruptcy, etc*):

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**Family History:** Please indicate if there is a family history of the following conditions and **WHO** is affected with the condition.

Anxiety	Heart disease
Depression	Sudden cardiac death
Bipolar disorder	Cancer
ADHD	Alcoholism
Autism	Drug abuse
Eating Disorders	Thyroid problems
Learning disabilities	Seizures
Other psychiatric conditions?	Other medical conditions?

**Substance Abuse History:** Please circle all that you have used in the past 2 years:

Alcohol Frequency of use:	Marijuana (weed) Frequency of use:
Cocaine (crack, coke) Frequency of use:	Tobacco Frequency of use:
Opiates (heroin, pain killers, methadone) Frequency of use:	Benzodiazepines (Xanax, Klonopin, Ativan, Valium) Frequency of use:
MDMA (ecstasy) Frequency of use:	LSD (acid, hallucinogens) Frequency of use:
Over the Counter (cough syrup, triple C's) Frequency of use:	Bath Salts, Spice, K2 Frequency of use:
Amphetamines (speed, Adderall, Ritalin) Frequency of use:	Inhalants (dusters, whip its) Frequency of use:
Other: Frequency of use:	Other: Frequency of use:

In the past two years, there have been one or more episodes of memory loss due to substance abuse? **Yes or No**

There are personality changes due to the use of substances. **Yes or No**

In the past 5 years, there has been one or more arrest due to substance or alcohol use? **Yes or No**

Someone close to you thinks you may have a serious substance abuse problem. **Yes or No**

There is a history of serious problems with the use of substances. **Yes or No**

There is a history of substance abuse treatment. **Yes or No**

## Past Psychiatric Medication

<b>Anti Depressants</b>	<b>Response (Good, Fair, Poor)</b>	<b>Antipsychotic</b>	<b>Response (Good, Fair, Poor)</b>
Amitriptyline (Elavil)		Olanzapine (Zyprexa)	
Bupropion (Wellbutrin)		Perphenazine (Trilafon)	
Citalopram (Celexa)		Pimozide (Orap)	
Clomipramine (Anafranil)		Quetiapine (Seroquel)	
Desipramine (Norpramin)		Risperidone (Risperdal)	
Doxepin (Sinequan)		Asenapine (Saphris)	
Escitalopram (Lexapro)		Thioridazine (Mellaril)	
Fluoxetine (Prozac)		Thiothixene (Navane)	
Fluvoxamine (Luvox)		Trifluoperazine (Stelazine)	
Imipramine (Tofranil)			
Mitrazapine (Remeron)		<b>Mood Stabilizers</b>	
Nefazodone (Serzone)		Carbamazepine (Tegretol)	
Nortriptyline (Pamelor)		Gabapentin (Neurontin)	
Paroxetine (Paxil)		Lamotrigine (Lamictal)	
Phenelzine (Nardil)		Lithium (Lithobid, etc)	
Dexvenlafaxine (Pristiq)		Topiramate (Topamax)	
Sertraline (Zoloft)		Valproic Acid (Depakote, etc)	
Tranlycypromine (Parnate)			
Trazodone (Desyrel)		<b>ADHD Medications</b>	
Venlafaxine (Effexor)		Amphetamine salts (Adderall, etc)	
		Clonidine (Kapvay, Catapres)	
<b>AntiAnxiety</b>		Dexmethylphenidate (Focalin)	
Alprazolam (Xanax)		Guanfacine (Intuniv, Tenex)	
Bupirone (Buspar)		Methylphenidate (Ritalin, Concerta, Daytrana, etc)	
Chlordiazepoxide (Librium)		Strattera (Atomoxetine)	
Clonazepam (Klonopin)		Vyvanse (Lisdexamfetamine)	
Clorazepate (Tranxene)			
Diazepam (Valium)		<b>Miscellaneous</b>	
Flurazepam (Dalmane)		Thyroid (Synthroid, Cytomel)	
Hydroxyzine (Vistaril)		Dilantin (Phenytoin)	
Lorazepam (Ativan)		Propranolol (Inderal)	
Oxazepam (Serax)		Naltrexone (Revia)	
Temazepam (Restoril)		Benzotropine (Cogentin)	
Triazolam (Halcion)		Trihexyphenidyl (Artane)	
Zolpidem (Ambien)		L-Dopa	
<b>Antipsychotic</b>			
Aripiprazade (Abilify)		<b>Other Medications</b>	
Fluphenazine (Prolixin)			
Haloperidol (Haldol)			
Lurasidone (Latuda)			