



PATIENT FORM B – MENTAL HEALTH EVALUATION & PSYCHIATRIC INTAKE

The information you provide below will greatly help in our efforts to better understand your medical history. Thank you.

Table with 4 columns: PATIENT INFORMATION, REFERRING PROVIDER INFORMATION, EMERGENCY CONTACT INFORMATION, THERAPIST/COUNSELOR INFORMATION. Includes fields for NAME, ADDRESS, CONTACT, DATE OF BIRTH, and GUARDIAN.

INSURANCE(S):

- Insurance options: Aetna, BCBS, Cigna, Compsych, HealthNet/MHN, Humana, Magellan, United/Optum, UMR, TriCare (military), TriWest/Choice (military), Medicare.

GENERAL QUESTIONS:

TODAY'S PRIMARY PROBLEMS LIST: 1. 2. 3.
TODAY'S TREATMENT GOALS: 1. 2. 3.

CURRENT SYMPTOMS CHECKLIST. (check all that apply)

- Symptoms checklist: Depressed mood, Unable to enjoy activities, Irregular sleep pattern, Loss of interest, Poor concentration, Change in appetite, Excessive guilt, Fatigue, Decrease libido, Increase libido, Racing thoughts, Impulsiveness, Increase risky behavior, Increase energy, Decreased need for sleep, Increase irritability, Crying spells, Excessive worry, Anxiety attacks, Avoidance, Visual Hallucinations, Hearing voices, Suspiciousness, Excessive repetitive behavior.

SUICIDE RISK ASSESSMENT

Have you ever had feelings or thoughts that you didn't want to live? [] YES [] NO

Note: If YES, please answer the following. If NO, please skip to the next section.

Table with 4 columns: QUESTION, YES, NO, IF ANSWERED "YES", PLEASE EXPLAIN. Contains 13 suicide risk assessment questions.

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MEDICATION ALLERGIES

- NO KNOWN DRUG ALLERGY (NKDA)
- YES (please list medication and reaction) 1. _____ 2. _____

CURRENT NON-PSYCHIATRIC MEDICATIONS (list all that applies)

MEDICATION NAME	DOSE	DURATION	REASON/INDICATION	START DATE

PSYCHIATRIC MEDICATION HISTORY (check or list all current and past medications that applies)

MEDICATION NAME	DOSE	START DATE	END DATE	MEDICATION NAME	DOSE	START DATE	END DATE
ANTIDEPRESSANTS				ANTIPSYCHOTICS			
Prozac (fluoxetine)				Seroquel (quetiapine)			
Zoloft (sertraline)				Zyprexa (olanzepine)			
Luvox (fluvoxamine)				Geodon (ziprasidone)			
Paxil (paroxetine)				Abilify (aripiprazole)			
Celexa (citalopram)				Clozaril (clozapine)			
Lexapro (escitalopram)				Haldol (haloperidol)			
Effexor (venlafaxine)				Prolixin (fluphenazine)			
Cymbalta (duloxetine)				Risperdal (risperidone)			
Wellbutrin (bupropion)				SEDATIVES/HYPNOTICS			
Remeron (mirtazapine)				Ambien (zolpidem)			
Serzone (nefazodone)				Sonata (zaleplon)			
Anafranil (clomipramine)				Rozerem (ramelteon)			
Pamelor (nortriptyline)				Restoril (temazepam)			
Tofranil (imipramine)				Desyrel (trazodone)			
Elavil (amitriptyline)				ANXIOLITICS			
MOOD STABILIZERS				Xanax (alprazolam)			
Lithium				Ativan (lorazepam)			
Depakote (valproate)				Klonopin (clonazepam)			
Lamictal (lamotrigine)				Valium (diazepam)			
Tegretol (carbamazepine)				Tranxene (clorazepate)			
Topamax (topiramate)				Buspar (buspirone)			
STIMULANTS/ADHD				OTHER			
Adderall (amphetamine)							
Concerta (methylphenidate)							
Ritalin (methylphenidate)							
Strattera (atomoxetine)							

PSYCHIATRIC HISTORY

PSYCHIATRIC/SUBSTANCE ABUSE HISTORY	ACTIVE	PAST	HOSPITALIZATION	DATE

PAST MEDICAL HISTORY

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MEDICAL HISTORY	YOU	FAMILY MEMBER	MEDICAL HISTORY	YOU	FAMILY MEMBER
Thyroid Disease			Stomach/Instestine		
Anemia			Cancer		
Liver Disease			Fibromyalgia		
Chronic Fatigue			Heart Disease		
Kidney Disease			Epilepsy/Seizure		
Diabetes			Chronic Pain		
Asthma/Respiratory			High Cholesterol		
Head Trauma			High Blood Pressure		

SOCIAL HISTORY	
FAMILY BACKGROUND	
CHILDHOOD HISTORY	
RELATIONSHIP/MARRIED	
HIGHEST EDUCATION	
CURRENT OCCUPATION	
LEGAL HISTORY	
SPIRITUAL PREFERENCE	

ADDITIONAL INFORMATION TO REPORT (if applicable)

Patient Signature Date

Guardian Signature (if applicable) Date

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