

PATIENT INFORMATION

Name _____ Preferred Name _____

Marital Status: Single Married Divorced Widowed
 Separated Other Living Cooperatively

Spouse or Partner Name _____ Phone # _____

If married describe your relationship _____

If more than one marriage why did it end _____

Children:	Date of Birth:
1) _____	_____
2) _____	_____
3) _____	_____

TREATING PRIMARY CARE PHYSICIAN INFORMATION

Treating Physician: _____

Address: _____ City _____ State _____ Zip _____

Tel.# _____ Fax# _____ E-mail _____

Do you see other doctor(s) No Yes

If yes, write name and specialty _____

REFERRED BY:

<input type="radio"/> Family _____	<input type="radio"/> Other MD _____
<input type="radio"/> Therapist _____	<input type="radio"/> Friend _____
<input type="radio"/> Other _____	

EDUCATION HISTORY

- Have not graduated high school
- Graduated high school or high school equivalent
- Part College
- Graduated 2-year college
- Graduated 4-year college
- Part graduate/professional school
- Masters degree
- Complete graduate/professional school

Did you have to attend any special education classes: Yes No

If yes, indicate why _____

Did you have to repeat any grades in school: Yes No

If yes, what grades and why e.g.: academic or behavioral problems _____

Did you have any disciplinary problems in school: Yes No

If yes, please describe _____

Occupation: _____

Occupation of spouse _____

FAMILY HISTORY

Were you adopted: Yes No

Were you raised by both parents: Yes No

If no, please describe the reason e.g.: _____

Please describe your father and your relationship with him _____

Please describe your mother and your relationship with her _____

Do you have brothers and sisters: Yes No

If yes, please list their names and their age _____

Please indicate if you are experiencing the symptoms listed below and/or have in the past:	Current Past	Current Only	Past Only	Never
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Periods of recurrent intense fear with sudden onset of physical symptoms (i.e. sweating, shortness of breath, heart racing) for no apparent reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Period of <u>at least 2 weeks</u> when experienced <u>several</u> of the following: sad mood, unable to enjoy activities, change in weight, sleep too much or not enough, low energy, difficulty concentrating, and wishing you were dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Period of <u>at least 1 week</u> when experienced <u>several</u> of the following: elevated or irritable mood, feel like you can accomplish anything, decreased need for sleep, talking fast, thoughts coming so fast difficult to keep up with them, distractible, and involved in activities that could get you in trouble (i.e. reckless driving, spending lots of money).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Recurrent and persistent thoughts which are intrusive (i.e. did I lock the door?) causing marked anxiety followed by repetitive behavior (i.e. checking to see if doors are locked).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Excessive worry/anxiety occurring most days about a number of activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Inattention and/or hyperactivity-impulsivity present before age 7 resulting in difficulty at school and home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<p>Do you take any medications, including birth control pills, vitamins and nonprescription drugs:</p> <p>No <input type="radio"/> Yes <input type="radio"/> Which medications and dosages</p>				
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No Medication or Drug Allergies

Known Medication Allergies _____

Have you ever attempted suicide?

Arrests or Convictions?

Have you been a victim of physical abuse?

Have you ever been a victim of sexual abuse?

Have you ever been a victim of emotional abuse?

Number of depressive episodes?

Average duration of each depressive episode?

Have you ever been hospitalized for Mania?

Have you ever seen a therapist or doctor for emotional, mental health or substance abuse difficulties?

Have you ever been hospitalized for any psychiatric problem?

Please indicate which of the following medications you have taken or are presently taking by marking the circle. Also indicate whether you responded to that medication.		DURATION				RESPONSE		
		DYS	WKS	MOS	YRS	YES	NO	PARTIAL
<input type="radio"/>	fluoxetine - Prozac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	fluoxetine - Sarafem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Vilazodone - Viibryd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	escitalopram - Lexapro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	sertraline - Zoloft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	fluvoxamine - Luvox/LuvoxCR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	paroxetine - Paxil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	citalopram - Celexa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	amitriptyline - Elavil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	imipramine - Tofranil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	doxepin - Sinequan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	nortriptyline - Pamelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	desipramine - Norpramin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	nefazodone - Serzone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	trazodone - Desyrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	phenelzine - Nardil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	isocarboxazid - Marplan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	selegiline - Emsam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	tranylcypromine - Parnate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	mirtazapine - Remeron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	bupropion - Wellbutrin SR/XL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	bupropion – Aplenzin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	venlafaxine - Effexor, Effexor XR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	desvenlafaxine-Pristiq	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	duloxetine - Cymbalta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	L- methylfolate-Deplin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	haloperidol - Haldol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	risperidone - Risperdal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	olanzapine - Zyprexa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	quetiapine Seroquel/SeroquelXr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	clozapine - Clozaril	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	iloperidone-Fanapt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	ziprasidone - Geodon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	aripiprazole - Abilify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	fluoxetine/olanzapine - Symbyax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	asenapine- Saphris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Lurasidone - Latuda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Paliperidone - Invega	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	benztropine - Cogentin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	hydroxyzine - Vistaril	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Amphetamine - Vyvanse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	amphetamine - Adderall / XR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	methylphenidate - Ritalin SR/LA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	methylphenidate - Concerta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	methylphenidate - Metadate CD/ER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	methylphenidate – Daytrana Patch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	pemoline - Cylert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	dexmethylphenidate - Focalin / XR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	dextroamphetamine - Dexedrine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	dexmethylphenidate - Spansule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	modafinil - Provigil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	armodafinil-Nuvigil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	atomoxetine - Strattera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	guanfacine- Intuniv	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	lithium - Lithium Carbonate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	lithium - Eskalith / CR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	lamotrigine - Lamictal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	carbamazepine - Tegretol / XR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	carbamazepine - Carbatrol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	carbamazepine - Equetro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	oxcarbazepine - Trileptal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	valproic acid - Depakote / ER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	gabapentin - Neurontin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	tiagabine HCL - Gabitril	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	levetiracetam - Keppra	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	pregabalin - Lyrica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	buspirone - Buspar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	clonazepam - Klonopin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	alprazolam - Xanax / XR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	alprazolam - Niravam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	lorazepam - Ativan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	diazepam - Valium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	zaleplon - Sonata	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	zolpidem - Ambien / CR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	eszopiclone - Lunesta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	zolpidem SL - Intermezzo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	ramelteon - Rozerem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate which of the following you have had or have at present by marking yes or no.

Heart surgery or disease?

Chest Pain?

High Blood Pressure?

Stroke?

Diabetes?

Thyroid Problem?

Head Injury?

Anemia?

Tumors/Cancer?

H.I.V. Positive?

Liver Disease?

Neurological Disorders?

Epilepsy or Seizures?

Lung Problems?

Have you ever had any surgeries?

Please indicate if there is a history of mental illness in your family.

Depression?

Manic-Depression?

Suicide?

Alcoholism?

Schizophrenia?

Panic Disorder/Anxiety?

Obsessive Compulsive Disorder?

Drug abuse? (other than alcohol)

ADHD?

How many caffeinated beverages do you drink per day?

How many alcoholic beverages do you drink per week?

If drinking, what age did you have your first drink?

Do you feel that your drinking ever became a problem?

For each Drug, please indicate your average level of use and duration whether in past or present.

Marijuana?

Heroin/Opiates?

Amphetamine/Speed?

PCP?

LSD/Hallucinogens?

Cocaine/Crack?

Barbiturates/Sedatives?

Have you ever been treated for substance abuse, detox, or had problems with alcohol or drugs?

Smoker?

Priorities to be addressed within reasonable time frame in treatment planning together