



Psychiatric Intake Form

(Please note: if you are not comfortable answering any of the following questions, feel free to leave the space blank)

Past Psychiatric History:

What issues or symptoms bring you to this practice? _____

When did these symptoms start? _____

Are the symptoms constant or intermittent? _____

List any previous psychiatric conditions you have been diagnosed with _____

Name of previous psychiatrist(s) and years seen _____

Name of current or previous counselor/ therapist(s) and years seen _____

List of previous psychiatric hospitalization(s) with dates and reasons for admission(s) _____

Have you ever attempted suicide and if so, when and how? _____

Have you ever received ECT (shock treatment)? _____

Have you ever had eating disorders (binge, purge, food restricting)? _____

Have you ever had issues with cutting or self-mutilation? _____

Medical Information:

Have you ever been tested for HIV? _____ Results _____

Have you ever been tested for Hepatitis? _____ Results _____

Did you meet your developmental milestones? _____

Did your mother have exposure to drugs/trauma while pregnant with you? _____

Are you Right / Left Handed? _____

CURRENT MEDICATIONS AND DOSAGES (Including Over-the-Counter and Herbal Medications):

MEDICATION ALLERGIES:

Females Only: Is there any chance you are currently pregnant? _____

Females Only: Current Birth Control Method Used: _____

Primary Care Provider: _____

Referring Provider: _____



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Hospitalizations/Surgeries:

DATE	WHERE	WHY

Patient and Family Medical History:

	PATIENT	FAMILY MEMBER(S)	COMMENTS/SPECIFICS
Anemia/Blood Disorders			
Cancer			
Diabetes			
Migraines			
Hepatitis/Liver Disorder			
Heart Disease			
Hypertension			
Lung Disease			
HIV			
Seizures/Neurologic Illnesses			
Serious Head Injury/Concussion			
Thyroid Disease			
Other			

Family Psychiatric History: Check all that apply and identify any family members with the disorders below:

	YES	FAMILY MEMBER(S)	COMMENTS/SPECIFICS
Depression			
Bipolar Disorder (Manic Depression)			
Post-Traumatic Stress Disorder			
Panic Attacks/Anxiety			
Obsessive Compulsive Disorder			
Schizophrenia			
Substance Abuse			
Alcohol Abuse			
Eating Disorders			
Autism			
Attempted or Completed Suicide			



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Background:

Where were you born and raised? _____

Who raised you? _____

Have you lived in a group home or in foster care? _____

Number of siblings and their ages: _____

Do you have a guardian or a payee? _____

What is your relationship status? _____

List previous relationships and their lengths? _____

Number of pregnancies? _____

Number of children and their ages: _____

What are your current living arrangements? _____

Highest education level you completed: _____

Did you have learning disabilities or need remediation? _____

Current employer/position: _____

List your previous employment: _____

Are you on Social Security Disability or have you filed for SSI? _____

Do you consider yourself a religious person? If yes, what is your Faith? _____

Have you ever been a victim of any form of abuse? _____

Have you ever had any legal problems? If so, what type/when? _____

Do you have a history of violent behavior? _____

Do you have access to firearms? _____

Describe any recent significant life changes or stressors: _____

Have you had any Military Service? _____ If and when, what branch? _____

Combat or Non-combat duty? _____

Other information:

Substance Use History:

Are you a current or a former tobacco product user? _____ For how long? _____

Types of tobacco/vape products? _____

Have you ever abused or been dependent on any illicit drugs, prescription drugs or alcohol? _____

If yes, which drug(s) ? _____

First Used? _____

Last Used? _____

Highest Amount Used? _____

Current Amount Used? _____

History of rehab/detox: _____

Previous social/legal consequences to substance use: _____

Other information:



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Psychiatric Medication History: Please check all medications you have taken.

<p>ADHD/Psycho-Stimulants:</p> <ul style="list-style-type: none"> <input type="radio"/> Adderall (amphetamine+ dextroamphetamine) <input type="radio"/> Dexedrine (dextroamphetamine) <input type="radio"/> Focalin (dexmethylphenidate) <input type="radio"/> Intuniv/Tenex (guanfacine) <input type="radio"/> Nuvigil (armodafinil) <input type="radio"/> Provigil (modafinil) <input type="radio"/> Ritalin/Concerta/Daytrana/Metadate (methylphenidate) <input type="radio"/> Strattera (atomoxetine) <input type="radio"/> Vyvanse (lisdexamfetamine) 	<p>Cognitive Enhancers:</p> <ul style="list-style-type: none"> <input type="radio"/> Aricept (donepezil) <input type="radio"/> Axona (caprylidene) <input type="radio"/> Exelon (rivastigmine) <input type="radio"/> Namenda (memantine) <input type="radio"/> Razadyne (galantamine) 	<p>SSRI Antidepressants:</p> <ul style="list-style-type: none"> <input type="radio"/> Celexa (citalopram) <input type="radio"/> Lexapro (escitalopram) <input type="radio"/> Luvox (fluvoxamine) <input type="radio"/> Paxil/Pexeva (paroxetine) <input type="radio"/> Prozac (fluoxetine) <input type="radio"/> Viibryd (vilazodone) <input type="radio"/> Zoloft (sertraline)
<p>SNRI Antidepressants:</p> <ul style="list-style-type: none"> <input type="radio"/> Cymbalta (duloxetine) <input type="radio"/> Effexor (venlafaxine) <input type="radio"/> Fetzima (levomilnacipran ER) <input type="radio"/> Pristiq (desvenlafaxine) 	<p>Combination Antidepressant/Antipsychotics:</p> <ul style="list-style-type: none"> <input type="radio"/> Symbyax (olanzapine + fluoxetine) 	<p>Other Antidepressants:</p> <ul style="list-style-type: none"> <input type="radio"/> Brintellix/Trintellix (vortioxetine) <input type="radio"/> Maprotiline <input type="radio"/> Remeron (mirtazapine) <input type="radio"/> Serzone (nefazodone) <input type="radio"/> Wellbutrin/Zyban (bupropion)
<p>Tricyclic Antidepressants:</p> <ul style="list-style-type: none"> <input type="radio"/> Anafranil (clomipramine) <input type="radio"/> Asendin (amoxapine) <input type="radio"/> Elavil (amitriptyline) <input type="radio"/> Norpramin (desipramine) <input type="radio"/> Pamelor (nortriptyline) <input type="radio"/> Sinequan (doxepin) <input type="radio"/> Surmontil (trimipramine) <input type="radio"/> Tofranil (imipramine) <input type="radio"/> Vivactil (protriptyline) 	<p>MAOI Antidepressants:</p> <ul style="list-style-type: none"> <input type="radio"/> Emsam (selegiline) <input type="radio"/> Marplan (isocarboxazid) <input type="radio"/> Nardil (phenelzine) <input type="radio"/> Parnate (tranylcypromine) 	<p>Drug Dependence:</p> <ul style="list-style-type: none"> <input type="radio"/> Antabuse (disulfiram) <input type="radio"/> Campral (acamprosate) <input type="radio"/> Chantix (varenicline) <input type="radio"/> Dolophine (methadone) <input type="radio"/> Suboxone (buprenorphine + naloxone) <input type="radio"/> Subutex (buprenorphine) <input type="radio"/> Vivitrol (naltrexone)



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<p>Mood Stabilizers/Anticonvulsants:</p> <ul style="list-style-type: none"> <input type="radio"/> Depakote (valproic acid) <input type="radio"/> Gabitril (tiagabine) <input type="radio"/> Keppra (levetiracetam) <input type="radio"/> Lamictal (lamotrigine) <input type="radio"/> Eskalith/Lithobid (lithium) <input type="radio"/> Lyrica (pregabalin) <input type="radio"/> Neurontin (gabapentin) <input type="radio"/> Tegretol/Equetro (carbamazepine) <input type="radio"/> Topamax (topiramate) <input type="radio"/> Trileptal (oxcarbazepine) <input type="radio"/> Zonegran (zonisamide) 	<p>Long-Acting Injectables:</p> <ul style="list-style-type: none"> <input type="radio"/> Abilify Maintena <input type="radio"/> Haldol Decanoate <input type="radio"/> Invega Sustenna <input type="radio"/> Invega Trinza <input type="radio"/> Prolixin Decanoate <input type="radio"/> Risperdal Consta <input type="radio"/> Zyprexa Relprevv 	<p>Tranquilizers/Anti-Anxiety:</p> <ul style="list-style-type: none"> <input type="radio"/> Ativan (lorazepam) <input type="radio"/> BuSpar (buspirone) <input type="radio"/> Halcion (triazolam) <input type="radio"/> Inderal (propranolol) <input type="radio"/> Klonopin (clonazepam) <input type="radio"/> Librium (chlordiazepoxide) <input type="radio"/> Serax (oxazepam) <input type="radio"/> Tenormin (atenolol) <input type="radio"/> Tranxene (clorazepate) <input type="radio"/> Valium (diazepam) <input type="radio"/> Vistaril (hydroxyzine) <input type="radio"/> Xanax (alprazolam)
<p>Antipsychotics:</p> <ul style="list-style-type: none"> <input type="radio"/> Abilify (aripiprazole) <input type="radio"/> Clozaril (clozapine) <input type="radio"/> Fanapt (lloperidone) <input type="radio"/> Geodon (ziprasidone) <input type="radio"/> Haldol (haloperidol) <input type="radio"/> Invega (paliperidone) <input type="radio"/> Latuda (lurasidone) <input type="radio"/> Loxitane (loxapine) <input type="radio"/> Mellaril (thioridazine) <input type="radio"/> Moban (molindone) <input type="radio"/> Navane (thiothixene) <input type="radio"/> Orap (pimozide) <input type="radio"/> Prolixin (fluphenazine) <input type="radio"/> Rexulti (brexpiprazole) <input type="radio"/> Risperdal (risperidone) <input type="radio"/> Saphris (asenapine) <input type="radio"/> Seroquel (quetiapine) <input type="radio"/> Stelazine (trifluoperazine) <input type="radio"/> Thorazine (chlorpromazine) <input type="radio"/> Trilafon (perphenazine) <input type="radio"/> Vryalar (cariprazine) <input type="radio"/> Zyprexa (olanzapine) 	<p>Sleep Medications:</p> <ul style="list-style-type: none"> <input type="radio"/> Ambien (zolpidem) <input type="radio"/> Belsomra (suvorexant) <input type="radio"/> Benadryl (diphenhydramine) <input type="radio"/> Dalmane (flurazepam) <input type="radio"/> Lunesta (eszopiclone) <input type="radio"/> Prosom (estazolam) <input type="radio"/> Restoril (temazepam) <input type="radio"/> Rozerem (ramelteon) <input type="radio"/> Somnote (chloral hydrate) <input type="radio"/> Sonata (zaleplon) <input type="radio"/> Desyrel/Oleptro (trazodone) <input type="radio"/> Xyrem (sodium oxybate) 	<p>Weight Loss Medications:</p> <ul style="list-style-type: none"> <input type="radio"/> Adipex (phenteramine) <input type="radio"/> Meridia (sibutramine) <hr/> <p>Other:</p> <ul style="list-style-type: none"> <input type="radio"/> Clonidine (catapres) <input type="radio"/> Deplin (l-methylfolate) <input type="radio"/> Ketalar (ketamine) <input type="radio"/> Levothyroxine (thyroxine) <input type="radio"/> N-Acetylcysteine <input type="radio"/> Savella (milnacipran) <input type="radio"/> Nucynta (tapentadol)



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