Patient Psychiatric Intake

Client name:___________________________

Client Date of Birth:____________________

Today's Date:__________________________

Chief Complaint and Current Symptoms (circle any that apply):

*not sleeping *sleeping too much *not eating *eating too much *no interest in things *no energy

*racing thoughts *irritable *guilty *hopeless *helpless *temper outbursts

*memory problems *confusion *paranoia *anxiety *withdrawn *crying spells

*restlessness *grief issues *panic *flashbacks *worthless *suicidal thoughts

*trouble concentrating *difficulty making decisions *constant worries about:___________________

*seeing things others do not see *hearing things others do not hear

Current Medications: **Please also list over the counter medications, herbal remedies, and vitamin and mineral supplements

Medical History: Please circle all that apply

Heart Disease	Stroke
Diabetes	Thyroid Problems
Seizures	Breathing Problems
Head Injury	High Blood Pressure
Liver Problems	Kidney Problems

Cancer____

Food or Drug Allergies?________________________________

Any other medical history?:

Current Doctors:____

____

Substance Abuse:

Tobacco: Do you use any tobacco products? YES / NO If yes, how much do you smoke?______________________

Alcohol: Do you drink alcohol? YES / NO If yes, last drink was__________________ Are you in recovery? YES / NO

Street Drugs: Do you use street drugs including marijuana? YES/NO? Have you in the past? YES/NO

If yes, last use was:___________________ Are you in recovery? YES/NO

Past Psychiatric History:

Inpatient Treatment: Have you ever been hospitalized for psychiatric problems? YES / NO

If yes, when and where was your last hospitalization?_______________________________________

How many times have you been hospitalized for psychiatric reasons? _________________

Outpatient Treatment: Have you ever been in outpatient treatment? YES/NO

Did this treatment include medications and/or therapy? ________________________________

When were you last involved in outpatient treatment? ___________________________________