



Name _____ **Date** _____

What issue(s) bring(s) you to our clinic today?

What are your primary goals for this visit and your overall treatment?

Family History

Please list blood relatives who have been diagnosed with the following conditions. (ex. Mother, Father, Sister, Brother, Daughter, Son, Maternal/Paternal Grandmother, Maternal/Paternal Grandfather, Cousin, Mater/Paternal Aunt, Maternal/Paternal Uncle)

ADD/ADHD _____

Alcohol Abuse _____

Anxiety disorder _____

Bipolar disorder _____

Dementia _____

Depression _____

Illicit drug use _____

OCD _____

Paranoid behavior _____

Physical abuse _____

Seizures _____

Schizophrenia _____

Sexual abuse _____

Suicide _____

Past Medical Care

Do you have a primary care doctor? Name _____ Last seen? _____

Please list all medications you are currently taking, including over-the-counter medications, herbals, and supplements. (Not needed if you are a patient of another BSWH provider) You may also attach a list.

Medication	Dosage	# times per day	For what condition	Who prescribes it

Describe any allergies you have (i.e.: to medications, foods).

Past Psychiatric Care

Have you been ever diagnosed with a mental health condition by a medical provider (i.e.: Depression, bipolar, schizophrenia, ADHD)? If so, please list.

Have you ever been seen by a psychiatrist or therapist/counselor? Please list and describe.

Date(s) seen? By whom?	For what reason?	What treatment (meds, ECT, therapy)?

Have you ever been hospitalized for psychiatric care? Please list and describe.

Date(s)	Where and for what?	What treatment (meds, ECT, therapy)?

Have you ever been treated with any of the following medications? Check all that apply and list any good or bad effects of the medications. (Approximate dates are fine if you do not recall exact dates of treatment.)

Antidepressants:

Medication	Good/Bad effects	Dates	Medication	Good/Bad effects	Dates
Anafranil (clomipramine)			Pamelor (nortriptyline)		
Celexa (citalopram)			Parnate (tranylcypromine)		
Cymbalta (duloxetine)			Paxil (paroxetine)		
Effexor/XR (venlafaxine)			Remeron (mirtazapine)		
Elavil (amitriptyline hydrochloride)			Pristiq (desvenlafaxine succinate er)		
Luvox (fluvoxamine maleate)			Tofranil (imipramine)		
Marplan (isocarboxazid)			Viibryd (vilazodone)		
Nardil (phenelzine)			Wellbutrin (bupropion SR)		
Norpramine (desipramine)			Wellbutrin XL (bupropion XL)		
Zoloft (sertraline)			Lexapro (escitalopram)		
Trintellix (vortioxetine)			Other:		

Antipsychotics:

Medication	Good/Bad effects	Dates	Medication	Good/Bad effects	Dates
Abilify (aripiprazole)			Orap (pimozide)		
Clozaril (clozapine)			Prolixin (fluphenazine)		
Cogentin (benztropine)			Risperdal (risperidone)		
Fanapt (iloperidone)			Thorazine (chlorpromazine)		
Geodon (ziprasidone)			Zyprexa (olanzapine)		
Mellaril (thioridazine)			Rexulti (brexpiprazole)		
Vraylar (cariprazine)			Other:		

Anxiolytics:

Medication	Good/Bad effects	Dates	Medication	Good/Bad effects	Dates
Atarax (hydroxyzine)			Traxene (clorazepate)		
Ativan (lorazepam)			Valium (diazepam)		
Buspar (buspirone)			Vistaril (hydroxyzine pamoate)		
Miltown (meprobamate)			Xanax (alprazolam)		
Klonopin (clonazepam)			Inderal (propranolol)		

Mood stabilizers:

Medication	Good/Bad effects	Dates	Medication	Good/Bad effects	Dates
Depakote/ER (divalproex sodium)			Tegretol (carbamazepine)		
Lithobid/Eskalith (lithium)			Trileptal (oxcarbazepine)		
Lamictal (lamotrigine)			Other:		

Stimulants/ADHD:

Medication	Good/Bad effects	Dates	Medication	Good/Bad effects	Dates
Adderall (amphetamine/dextroamphetamine)			Focalin/XR (dexamethylphenidate)		
Adderall XR (amphetamine/dextroamphetamine)			Strattera (atomoxetine hydrochloride)		
Kapvay (clonidine)			Adzenys XR-ODT		
Concerta (methylphenidate hydrochloride er)			Intuniv (guanfacine hydrochloride)		
Dexedrine (dextroamphetamine)			Evekeo (amphetamine sulfate)		
Vyvanse (lisdexamfetamine dimesylate)			Azstarys (serdexmethylphenidate and dexmethylphenidate)		
Ritalin (methylphenidate)			Other:		

Hypnotics:

Medication	Good/Bad effects	Dates	Medication	Good/Bad effects	Dates
Ambien (zolpidem)			Prosom (estazolam)		
Halcion (triazolam)			Restoril (temazepam)		
Lunesta (eszopiclone)			Desyrel (trazodone)		
Sonata (zaleplon)					

Other:

Medication	Good/Bad effects	Dates	Medication	Good/Bad effects	Dates
Antabuse (disulfiram)			Symmetrel (amantadine hydrochloride)		
Campral (acamprosate calcium)			Topamax (topiramate)		
methadone			Vivitrol (naltrexone)		
Suboxone/Subutex (buprenorphine)			Neurontin (gabapentin)		
Minipress (prazosin)			Other:		

Any other psychiatric medications you have taken?

Social History

History of violence? _____

Where do you live? _____

Who lives with you? _____

Primary Supports? _____

Who would help you if you became ill or injured? _____

Are you lonely most days? _____

Does anyone including family bully you, insult you, talk down to you, scream or curse at you, threaten you with harm?

How far did you go in school/highest level of education? _____

What is your current job/occupation? _____

What jobs have you had in the past?

Are you married? Yes/no If so, for how long? _____

Have you been married in the past? Yes/no # of times? _____

Do you have children? Yes/no If so, how many, what are their ages? _____

What do you do in your free time to relax? _____

Do you have any religious beliefs? Yes/ No How important are your religious/spiritual beliefs to your life?

Have you had any legal issues (arrests, charges, time in jail)? *If so, please describe.*

Driving History: How many times have you been pulled over?

Have you ever been the victim of a violent crime? Yes/No Have you ever been a victim of physical abuse? Emotional? Sexual abuse or rape? *If so, please explain.*

Head Trauma or concussions? *If yes, please describe.*

Safety

Do you currently have thoughts of hurting yourself? Yes/No *If yes, please explain.*

Have you tried to hurt yourself in the past? If so, please explain.

Do you currently have thoughts of hurting anyone else? Yes/No *If yes, please explain.*

Have you tried to hurt anyone in the past? *If so, please explain.*

Do you own any guns or knives? _____

Substance Use/Addictive Behavior History

How often have you used the following substances?

Amphetamines	Amyl Nitrate	Anabolic steroids	Barbiturates	Benzodiazepines
"Crack" cocaine	Cocaine	Codeine	Fentanyl	Flunitrazepam
GHB	Hashish	Heroin	Hydrocodone	Hydromorphone
Ketamine	LSD	Marijuana	MDMA (Ecstasy)	Mescaline
Methamphetamines	Methaqualone	Morphine	Nitrous Oxide	Opium
Methylphenidate	Oxycodone	PCP	Psilocybin	Solvent inhalants
Shrooms	Other:			

Use of Alcohol _____

How often? _____ How many drinks each time? _____

History of abuse? _____

Use of caffeine (Coffee, tea, energy drinks) _____

Tobacco use _____

Legal consequences of chemical use? _____

Do you feel you ought to cut down on drinking and/or use drugs? _____

Have you been annoyed by others criticizing your drinking or drug use?

Have you felt bad or guilty about drinking or drug use? _____

Have you had a drink or used drugs as an eye opener first thing in the morning to steady nerves, or get rid of a hangover or get the day started? _____