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| --- | --- | --- |
| **Date**: | | |
| **Name**: (Last, First) | | |
| If a minor, person completing form: | | |
| If a minor, person who is/are the guardian(s) | | |
| **Date of Birth**: | | **Age**: |
| **Sex**: [ ] Male [ ] Female [ ] M to F transgender [ ] F to M transgender | | |
| **Professional who referred you to practice**: | | |
| **Primary care physician**: | | |
| **Current mental health counselor**: | Are you searching from one?  [ ] Yes [ ] No | |
| **What are the reasons for requesting care** (depression, psychiatric clearance) | | |

Behavioral Health

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug name** | Strength | Dose | Frequency |
| Example: Benadryl | 25mg | 2 tablets | Daily at bedtime |
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**List of current medications- include all those taken**

**Allergies to medications Sensitivity to medications**

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| --- | --- |
| **Drug Allergy** | **Rash** |
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| --- | --- |
| **Drug Sensitivity** | **Reaction you had** |
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**Medical and Family History- Check all which apply**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| You | Family Member Who? | Condition |  | You | Family Member Who? | Condition |
|  |  | ADHD |  |  | Hepatitis |
|  |  | Alcoholism |  |  | High blood pressure |
|  |  | Alzheimer’s Disease |  |  | High cholesterol |
|  |  | Anemia |  |  | HIV |
|  |  | Anxiety |  |  | Kidney disease |
|  |  | Arthritis |  |  | Learning disability |
|  |  | Asthma |  |  | Migraine headaches |
|  |  | Autism Spectrum |  |  | OCD |
|  |  | Autoimmune illness |  |  | Other addictions |
|  |  | Bipolar disorder |  |  | Osteoporosis |
|  |  | Cancer |  |  | Parkinson’s disease |
|  |  | Cirrhosis |  |  | Schizophrenia/Psychosis |
|  |  | COPD/Emphysema |  |  | Thyroid disease |
|  |  | Dementia |  |  | Traumatic brain injury |
|  |  | Depression |  |  | Other illnesses (describe) |
|  |  | Diabetes |  |  |  |
|  |  | Enlarged Prostate |  |  |  |
|  |  | Epilepsy/Seizures |
|  |  | Fibromyalgia |
|  |  | Heart Disease (describe) |

|  |
| --- |
| Weight gain |
| Weight loss |
| Excessive energy |
| Low energy |
| Increased appetite |
| Decreased appetite |
| **Sleep pattern** | **Describe** |
| What time do you lay in bed? |  |
| What time do you fall asleep? |  |
| What time do you wake up? |  |

**Review of Systems**

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| **Any problems with** | **Describe** |
| Musculoskeletal |  |
| Neurological |  |
| Skin |  |

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| **Substance** | **Present Use** | **Past Use** | **Quantity and Frequency** |
| **Alcoholic beverages** |  |  |  |
| **Benzodiazepine abuse** |  |  |  |
| **Caffeinated beverages** |  |  |  |
| **Cocaine/Crack** |  |  |  |
| **Marijuana** |  |  |  |
| **Nicotine** |  |  |  |
| **Opiate/Pain killer abuse** |  |  |  |
| **Other (Please specify)** |  |  |  |

**Substance Use History**

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| **Surgery** | **Year** |
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| --- |
| Total number **psychiatric** hospitalization: |

**Surgeries Hospitalization History**

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| --- |
| Previous Counseling  [ ] Yes [ ] No |

|  |
| --- |
| Age or year of first **psychiatric** hospitalization: |

|  |
| --- |
| Ever been to  [ ] PHP [ ] IOP [ ] None |

|  |  |
| --- | --- |
| Most recent **psychiatric** hospitalization | |
| Name of hospital: | Date |

|  |  |
| --- | --- |
| Minor girl- no menstrual as of to date |  |
| Date of last menstruation |  |
| Are pregnant or breastfeeding |  |
| Are you on birth control (please specify) |  |

**Women’s Health History**

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| --- |
| Total number of other **medical** hospitalizations |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Marital status (circle one): | | Single | | | | | Married | | | Partnered | | | | Divorced | | | Separated | | | | Widow/ Widower | | |
| Children | | How many? | | | | | None | | | Natural | | | | Adopted | | | Stepchildren | | | | Deceased | | |
| Dwelling/place of living? (circle one) | | | | | | home Single | | | | Apartment or Condominium | | | | Group home | | | Other | | | | | | |
| Who do you live with? (circle one) | | | | | | Alone | | | | Spouse | | | | Partner | | | | Children | | Parents | | Roommates | |
| Highest level education completed | | | | | | | | | | | | | | | | | | | |  | | | |
| Employment status (circle one) | | | Employed | | | | | unemployed | | | | Retired | | | | Medical leave | | | | Disability Income | | | Student |
| Religion |  | | | | | | | | | | | | | | | | | | | | | | |
| If employed, what is your job title? | | | | | | | | | | | | | | | | | | | | | | | |
| Sexual orientation (circle one) | | | | Heterosexual Straight | | | | | | | Homosexual Gay | | | | Bisexual | | | |  | | | | |
| Circle if you served in any of these | | | | | Air force | | | | Army | | Marine | | Navy | | Firefighter | | | | Police | | | | |
| Have you ever been arrested? If so provide dates and details | | | | | | | | | | |  | | | | | | | | | | | | |

**Psychosocial History**

**For Minor- Children Only (patients under the age of 18)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Did the mother receive maternal care during pregnancy? | Yes | No | | | | Don’t know | | | |  | |
| Any complications during the pregnancy? | Yes | No | | | |  | | | | | |
| Was the gestation-maternal pregnancy full term (38-42) wks | Yes | No | | | |
| *If premature, born at how many weeks?* |  | | | | | | | | | | |
| Prolonged labor (24 hours or longer) |
| Type of delivery (check all that apply) | Induced | | | | Vaginal | | | Forceps | | | C-Section |
| Was the child in NICU | Yes | | | No | | | | If yes, how long? | | | |
| Birth Weight of the child |  | | | | | | | | | | |
| When did the child speak single words other than momma and dadda? | | | | | | | | | Months/years | | |
| When did the child first walk unsupported? | Months/years | | | | | | | | | | |
| When did the child achieve toilet training? |  | | | | | | | | | | |
| Did the child wet the bed past the age of five? | Yes | | No | | | |  | | | | |
| Does the child have speech problem? | Yes | | No | | | |
| Has the child ever repeated a grade? | Yes | | No | | | |
| Are the child immunizations up to date? | Yes | | No | | | |

**Prior and current Medications Tried- Check one**

|  |  |
| --- | --- |
|  | Aricept (donezepil) |
|  | Artane (trihexyphenidyl) |
|  | Ativan (lorazepam) |
|  | Benadryl (diphenhydramine) |
|  | Buspar (buspirone) |
|  | Campral (acamprostate) |
|  | Catapress (clonidine) |
|  | Celexa (citalopram) |
|  | Chantix (varenicline) |
|  | Clozaril (clozapine) |
|  | Cogentin (benztropine) |
|  | Concerta (methylphenidate ER) |
|  | Cylert (pemoline) |
|  | Cymbalta (duloxetine) |
|  | Dalmane (flurazepam) |
|  | Daytrana (methylphenidate patch) |
|  | Depakote (valproic acid) |
|  | Desyrel (trazodone) |
|  | Dexedrine (dextroamph sulfate) |
|  | Edular (zolpidem sublingual) |
|  | Effexor (venlafaxine) |
|  | Elavil (amitriptyline) |
|  | Emsam (selegiline patch) |
|  | Exelon (rivastigmine) |
|  | Fanapt (iloperidone) |
|  | Fetzima (levomilnacipran) |
|  | Focalin (dexmethylphenidate) |
|  | Geodon (ziprasidone) |
|  | Halcion (triazolam) |
|  | Haldol (haloperidol) |
|  | |

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|  | Serzone (nefazodone) |
|  | Silenor (doxepin) |
|  | Sinequan (doxepin) |
|  | Sonata (zalepion) |
|  | Stavzor (valproic acid DR) |
|  | Strattera (atomoxetine) |
|  | Suboxone(buprenorphine/naloxone) |
|  | Symmetrel (amantadine) |
|  | Tegretol (carbamazepine) |
|  | Tenex (guanfacine) |
|  | Thorazine (chlorpromazine) |
|  | Tofranil (imipramine) |
|  | Topamax(topiramate) |
|  | Trazodone |
|  | Trilafon (perphenazine) |
|  | Trileptal (oxcarbazepine) |
|  | Trintellix (vortioxetine) |
|  | Valium (diazepam) |
|  | Vraylar (cariprazine) |
|  | Viibyrd (vilazodone) |
|  | Vistaril (hydroxyzine) |
|  | Vivactil (protriptyline) |
|  | Vyvanse (lisdexamphetamine) |
|  | Wellbutrin (bupropion) |
|  | Xanax (alprazolam) |
|  | Zoloft (sertraline) |
|  | Zubsolv (buprenorphine/naloxone) |
|  | Zyprexa (olanzapine) |
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| --- | --- |
|  | Latuda (lurasidone HCL) |
|  | Lexapro (escitalopram) |
|  | Lithium Carbonate |
|  | Lunesta (eszopicione) |
|  | Luvox (fluvoxamine) |
|  | Mellaril (thioridazine) |
|  | Metadate (methylphenidate) |
|  | Methylin (methylphenidate) |
|  | Methylphenidate |
|  | Moban (molinodone) |
|  | Namenda (memantine) |
|  | Nardil (phenelzine) |
|  | Navane (thiothixene) |
|  | Neurontin (gabapentin) |
|  | Norpramin (desimipramine) |
|  | Nuvigil (carmodatinil) |
|  | Oleptron (trazodone ER) |
|  | Orap (pimozide) |
|  | Pamelor (nortriptyline) |
|  | Parnate (tranylcypromine) |
|  | Paxil (paroxetine) |
|  | Phenergan (promethazine) |
|  | Pristiq (desvenlafaxine) |
|  | Prolixin(fluphenazine) |
|  | ProSom (estazolam) |
|  | Provigil (modafinil) |
|  | Prozac (fluoxetine) |
|  | Quillivant XR (methylphenidate) |
|  | Remeron (mirtazapine) |
|  | Restoril (temazepam) |
|  |  |

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