

Psychiatric Outpatient Intake Form

Date: _____

Name: _____

Phones: (Home) _____ (Cell) _____ (Work) _____

If you feel uncomfortable answering any of the questions, please skip.

Current Symptoms:

What problems bring you here today?

Please list any recent stressors (examples include work, recent loss, financial difficulties, relationships).

Are you currently having any of the following problems (please circle)?

- | | | |
|---|--------------------------------|--------------------------------------|
| Depression | Racing thoughts | Stiffness/Rigidity |
| Loss of interest in activities | Talking too fast | Inattentiveness at work/school |
| Feeling hopeless, worthless | Acting impulsively | Fidgety |
| Poor energy | Gambling | Hearing voices |
| Poor self-esteem | Excessive shopping | Seeing things others do not |
| Change in appetite:
Increased OR Decreased | Worrying excessively | Feel people are watching you |
| Fatigue | Tense muscles | Feel someone is trying to harm you |
| Poor focus | So anxious you cannot rest | Concerns about alcohol use |
| Problems going to sleep | Panic attacks | Concerns about drug use |
| Thoughts of not being alive | Nightmares | Concerns about eating too much |
| Thoughts of suicide | Flashbacks to traumatic events | Concerns about eating too little |
| Thoughts of harming someone | Feeling awkward in public | Concerns about body image |
| Recent self injury:
Cutting, burning, etc | Thoughts that replay | Binge eating |
| Periods of unusually good mood | Repetitive behaviors | Vomiting after meals or laxative use |
| Very high energy for no reason | Obsessive thinking | Memory problems |
| Going days without needing sleep | Phobias or fears | Getting lost easily |
| | Grunts, tics or jerks | Problems finding words |
| | Tremors | Problems caring for yourself |

Past Psychiatric Care

Have you ever been diagnosed with a mental health condition by a medical provider (examples include depression, anxiety, bipolar disorder, schizophrenia, PTSD)? If so, please list and include your age when symptoms started.

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

When?	By Whom?	For what problem?	What treatment?

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

When?	Where?	For what problem?	What treatment?

Have you ever been treated with any of the following medications? Circle all that apply. Please note that medications in certain categories can treat symptoms of other illnesses.

SUBSTANCE USE TREATMENT:

- Acamprosate, Campra
- Baclofen, Lioresal
- Buprenorphine, Subutex
- Burenorphone/Naloxone, Suboxone
- Disulfiram, Antabuse
- Methadone
- Naltrexone, Vivitrol
- Bupropion, Zyban
- Varenicline, Chantix

ADHD MEDICATIONS:

- Adderall
- Dexedrine
- Vyvanse
- Methylphenidate, Ritalin, Concerta
- Focalin
- Atomoxetine, Strattera
- Clonidine
- Guanfacine, Intuniv, Tenex

ANXIETY MEDICATIONS:

- Alprazolam, Xanax
- Chlordiazepoxide, Librium
- Clonazepam, Klonopin
- Diazepam, Valium
- Lorazepam, Ativan
- Oxazepam, Serax
- Buspirone, Buspar
- Hydroxyzine, Vistaril
- Pregabalin, Lyrica

ANTIDEPRESSANTS:

- Amitriptyline, Elavil
- Amoxapine
- Bupropion, Wellbutrin
- Citalopram, Celexa
- Clomipramine, Anafranil
- Desipramine
- Desvenlafaxine, Pristiq
- Doxepin
- Duloxetine, Cymbalta
- Escitalopram, Lexapro
- Fluoxetine, Prozac
- Fluvoxamine, Luvox
- Imipramine
- Mirtazapine, Remeron
- Nortriptyline
- Paroxetine, Paxil
- Phenelzine, Nardil
- Sertraline, Zoloft
- Venlafaxine, Effexor
- Vilazodone, Viibryd
- Vortioxetine, Brintellix

MOOD STABILIZERS:

- Carbamazepine
- Gabapentin, Neurontin
- Lamotrigine, Lamictal
- Lithium
- Oxcarbazepine, Trileptal
- Topiramate, Topamax
- Valproate, Valproic Acid, Depakote

ANTIPSYCHOTICS:

- Aripiprazole, Abilify
- Asenapine, Saphris
- Chlorpromazine, Thorazine
- Clozapine, Clozaril
- Fluphenazine, Prolixin
- Haloperidol, Haldol
- Iloperidone, Fanapt
- Olanzapine, Zyprexa
- Paliperidone, Invega
- Perphenazine, Trilafon
- Pimozide, Orap
- Quetiapine, Seroquel
- Risperidone, Risperdal
- Thioridazine
- Thiothixene, Navane
- Trifluoperazine, Stelazine
- Ziprasidone, Geodon

SLEEP MEDICATIONS:

- Cyproheptadine, Periactin
- Eszopiclone, Lunesta
- Melatonin
- Ramelteon
- Temazepam, Restoril
- Trazodone
- Triazolam, Halcion
- Zaleplon, Sonata
- Zolpidem, Ambien

Medical History:

Primary Care Doctor: _____ phone: _____

What medical illnesses do you have?

What surgeries have you had?

Do you have a history of head trauma? If so, please explain.

Allergies: _____

For women:

Last menstrual period? _____

Usually regular? YES / NO

Do you use birth control? YES / NO

If yes, please list: _____

Have you been pregnant before? YES / NO

If yes, how many times: _____

Elective abortions? YES / NO

Have you ever had depression or changes in your thoughts during/after pregnancies? YES / NO

Have you recently had any of the following symptoms (please circle):

- | | | | |
|--------------------------|---------------------|------------------------------|---------------------------|
| Fevers | Chest Pain | Acid Reflux | Decreased sex drive |
| Chills | Shortness of Breath | Joint Pains | Problems reaching orgasm |
| Unexpected weight change | Heart Palpitations | Muscle pains/tension | Infertility |
| Weakness | Cough | Pain or difficulty urinating | Easy bruising or bleeding |
| Numbness | Sore throat | Dental problems | Rashes |
| Episodes of passing out | Nausea/Vomiting | Changes in vision | |
| Problems walking | Diarrhea | Changes in hearing | |
| Headache | Constipation | Hot/cold flashes | |

Have you ever used the following substances?

- | | | | |
|------------|--------------------------------|-------------------|-------------|
| Tobacco | Opiates | Cocaine | Other _____ |
| Alcohol | (heroin, pain killers, etc) | PCP or LSD | _____ |
| Marijuana | Tranquilizers | Mushrooms | _____ |
| K2/"spice" | (xanax, ativan, klonopin, etc) | Anabolic steroids | _____ |

Have you ever been to rehab for substance use? If so, please explain.

