

Patient Name: \_\_\_\_\_



# Psychiatric Intake Questionnaire

*Please write or circle your responses:*

**Full Name (Please Print):** \_\_\_\_\_

**Please list all current medications:**

_____	_____
_____	_____
_____	_____

**Please list any Allergies:** \_\_\_\_\_

**Please list all medications you have taken in the past for psychiatric diagnoses:**

Medication Name	Diagnoses	Doses	How long on Med?

**Have you ever seen a Psychiatrist before? Yes No (Circle One)**

**Psychiatrist Name (If Applicable):** \_\_\_\_\_

**When were you treated?:** \_\_\_\_\_ **For How Long?:** \_\_\_\_\_

**Have you ever had a psychiatric hospitalization? Yes No (Circle One)**

**Why were you hospitalized?** \_\_\_\_\_ **Dates you were hospitalized:** \_\_\_\_\_

**How were you treated?** \_\_\_\_\_

**Did you feel it helped you?** \_\_\_\_\_

**When was your last Physical Exam?** \_\_\_\_\_

Additional Questions on back



**Any Family History of Medical or Psychiatric Illness or Treatment:** \_\_\_\_\_

**Any Family History of Substance Use or Abuse?** \_\_\_\_\_

**Any History of Suicide or Homicide in the Family?** \_\_\_\_\_

**Please circle any items below that you have been diagnosed or treated for:**

- |                                    |                         |                        |
|------------------------------------|-------------------------|------------------------|
| Heart Disease                      | Pacemaker               | Diabetes - Insulin     |
| Heart Problems/Murmur              | AIDS/HIV                | Diabetes - Non-Insulin |
| Hiatal Hernia                      | Allergies/Hay fever     | Dialysis               |
| High Cholesterol                   | Anemia                  | Diverticulitis         |
| Hospital Admissions                | Anxiety/Depression      | Eating Disorder        |
| Hypertension (High Blood Pressure) | Arthritis               | Emphysema              |
| Kidney Disease                     | Asthma                  | Fibromyalgia           |
| Kidney Stones                      | Bleeding Disorder       | GERD/Reflux            |
| Kidney or Bladder Problems         | Blood Clots (or DVT)    | Gout                   |
| Leg/Foot Ulcers                    | Cancer                  | Headaches/Migraines    |
| Liver Disease                      | Claustrophobic          | Heart Attack (MI)      |
| Obesity                            | Coronary Artery Disease | Other:                 |
| Osteoporosis/Osteopenia            | Diabetes                |                        |