Patient History Form

Section A.
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Section I.
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Section M.
Medical Information

Patient Name

Sex: Male

Birthdate

Work/Position: ,

School/Grade

Who lives at home?

Why are you coming to the Clinic?

A.

Hyperactive	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Distractible	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Acting on impulse	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Inattentive	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Poor school/work performance	(●) Not present	( ) Mild	( ) Moderate	( ) Severe

Have you previously taken:

- [ ] Adderall
- [ ] Metadate
- [ ] Focalin
- [ ] Provigil
- [ ] Ritalin
- [ ] Concerta
- [ ] Strattera

Notes:

B.

Sleep trouble	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Appetite up/down	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Mood swings	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
"Nothing wrong" attitude	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Nightmares	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Interest level change	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Rapid thoughts	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Depressed mood	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
		( ) Mild	( ) Moderate	

Feeling guilt	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Risk-taking behavior	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Overly sexual behavior	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Irritability	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Weight up/down	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Spending money on impulse	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Suicide thoughts	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Suicide attempts	(●) Not present ( ) Mild ( ) Moderate ( ) Severe

Notes:

C.

Temper problem	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Defies rules/argues	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Cruelty to people/animals	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Anger outbursts	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Does not listen	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Blaming others	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Does not obey	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Thoughts of hurting others	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Sassy/disobedient behavior	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Theft/shoplifting	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Fire-setting	(●) Not present ( ) Mild ( ) Moderate ( ) Severe

Notes:

D.

Anxiety/nervousness	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Flashbacks/Past bad memories	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Constant worry	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Avoiding people	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Biting nails/clothing	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Fear of losing parents/family	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Obsessive worry	(●) Not present ( ) Mild ( ) Moderate ( ) Severe
Compulsive behaviors	(●) Not present ( ) Mild ( ) Moderate ( ) Severe

Notes:

E.

Hearing voices	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Magical thinking/beliefs	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Seeing images	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Paranoid thinking/feeling	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Confused thinking	(●) Not present	( ) Mild	( ) Moderate	( ) Severe

Notes:

F.

Voiding problems/bedwetting	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Muscle tics/twitching	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Rocking/head banging	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Soiling with stools	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Vocal tics	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Socialization problems	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Poor connectedness with caretaker	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Cursing	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Repeating words/Echolalia	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Speech problems	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Clumsiness	(●) Not present	( ) Mild	( ) Moderate	( ) Severe
Aggressive behavior	(●) Not present	( ) Mild	( ) Moderate	( ) Severe

Notes:

G.

Have you encountered:

☐ Physical abuse	By Whom/When	
☐ Emotional abuse	By Whom/When	
☐ Sexual abuse	By Whom/When	
☐ Self-harm behaviors	How many times/when: ☐ see notes below	
☐ Suicide attempt	How many times/when: ☐ see notes below	

Notes:

H.

Please describe any past psychiatric and/or rehabilitation treatment (who, when, helpful?, medication, etc.)

1	
2	
3	
4	
5	
Other	

I. Alcohol History

Alcohol Use:

How much?	
How often?	
How long used?	

Have you ever experienced:

☐ Black outs ☐ Hallucinations ☐ Seizures ☐ Delirium ☐ DUI

Notes:

J. Drug History

	Cocaine	Marijuana	Speed/ Meth	Inhalants	Acid/LSD	Benzodi-azepines	Narcotics	Other
Last used date								
How long used								
Amount								
Past treatment								

K. Developmental History

☐ Complications with pregnancy/delivery

Explanation

☐ Alcohol /drug use during pregnancy

Explanation

☐ Low birth weight ☐ C-section ☐ Incubator
☐ Delay in walking ☐ Delay in talking ☐ Speech problems

Notes:

☐ Discipline measures used

☐ Behavior modification used

L. School History

Grade currently in

Grades this year

Grades past 3 years

Special education

Suspensions

School behavior problems

School testing results, if any

Notes:

M. Miscellaneous

Notes:

MEDICAL INFORMATION

Who is filling out form? (●) Self ( ) Mother ( ) Father ( ) Other

Name and relationship

Primary care doctor

Previous psychiatrist

Medication Allergies

NONE
NONE
NONE
NONE
NONE

Current medications

None	None	None
None	None	None
None	None	None
None	None	None
None	None	None

Significant Medical Problems

	Explanation:
☐ Seizures	
☐ Asthma	
☐ Diabetes	
☐ Tuberculosis	
☐ Head injury	
☐ Thyroid problems	

☐ Lead intoxication	

Other:	Explanation:
None	
None	
None	
None	

FAMILY HISTORY

Significant medical/psychiatric problems

	Explanation:
☐ Anxiety disorder	
☐ Bipolar disorder	
☐ Depression	
☐ Schizophrenia	
☐ Alcohol/drug problems	
☐ ADHD	
☐ Thyroid disease	
☐ Diabetes	
☐ Cancer	

Other medical problems:	Explanation:
None	
None	
None	

Other psychiatric problems:	Explanation:

Notes:

	Name	Profession	Age/Deceased
Father			
Mother			
Sibling			
Sibling			
Sibling			
Sibling			

PERSONAL HISTORY

Education:

Your occupation | How long at this position?

Previous Employment: | How long at this position?

Nicotine/Smoke
○ Yes ◉ No If yes, how & how long?

Marital status: Unknown | Spouse/significant other's name | Occupation | Length of marriage/relationship

Previous Marriage(s)

Children(s) Name(s)	Age	Son/Daughter	Lives with you?
		◉ Son ○ Daughter	○ Yes ◉ No
		◉ Son ○ Daughter	○ Yes ◉ No
		◉ Son ○ Daughter	○ Yes ◉ No
		◉ Son ○ Daughter	○ Yes ◉ No
		◉ Son ○ Daughter	○ Yes ◉ No
		◉ Son ○ Daughter	○ Yes ◉ No

You have the right to request how we contact you and to know of any disclosures of information. Please tell us how you wished to be contacted. Check as many items below as you wish:

Home
☐ Home phone ☐ OK to leave message with detailed information ☐ Leave message with call back number only

Work
☐ Work phone ☐ OK to leave message with detailed information ☐ Leave message with call back number only

Written Communication
☐ OK to mail to my home address ☐ OK to mail to my work address ☐ OK to fax to fax number

Email
☐ OK to email to address:

Other

Patient Last Name | First Name