2			
	Đ.		
What problem are you	currently experiencing?	How Long?	Is this worsening, improving or unchanged?
1.			
2,		10	
3,			
4.			
5.			
Decreased appetite ncreased appetite Low energy High energy Withdrawal from others Decreased ability to enjoy things Excessive worrying	Explosive temper Self-criticism Tearfulness Impulsivity Distractibility Decreased concentration Sleeping too much	Decreased sleep Trouble waking too early Violence Aggression Nightmares Sexual problems Visual hallucinations	Auditory hallucinations Intrusive thoughts Bothersome thoughts Inability to hold a job Relationship problems Alcohol or drug problems Legal problems
If the patient is a child, pleas	e circle symptoms that appl	y:	
distory of ADHD Declines in grades Development disabilities Learning disabilities Skipping school Avoidance of school	School failure Unusual fears Tics Bed wetting Lack of respect for authority Lying	Stealing Explosive behavior Fire settings Runaway Alcohol/drug use Tobacco use	Sexual activity Problems with the law Problems with freinds Cruelty to animals
0.00	* :		
Please check significant st	ressors experienced in the	e past year:	
Major Losses:		+ W	7. 3.10
Moves:			
Work:			
Family:			
Other:			

II: Past Psychiatric History

Previous Outpatient Treatment	Treatment Date	Treatment Provider	Reason for Treatment	Results
(i)	ļ			
Psychiatric Hospitalizations				- transfer of the transfer of
				Andrew St. Herrich

^{*} Check medications previously taken for depression, anxiety, etc...(On Back Page)

III. Past Substance Abuse History

Substance Used Alcohol/Drugs	Age Started	Time Period of Use	Amount Used	Date of Last Use	Effects/Consequences	Treatment

IV: Medical History Problems

If you have or have ever had a problem, please circle:

Diabetes Rapid heart rate Stroke Kidney problems Migraine headaches

Thyroid Problems Breathing problems Back Problems Migraine headaches
High Blood Pressure Asthma Head Injury Meningitis
Heart Problems Seizures Anemia Dizziness

Primary Care Physician:

Permission to communicate?
Yes ___ No

Surgeries/Major Illnesses Time Period Physician

Physician

Are you seeing any other physicians or therapists? If so, please list current medications:

Medication	Dosage	Start Date	Reason	Prescribing Physician
			in the second se	

V: Family History

Please identify any of the following family members who have experienced problems with:

	Mother	Father	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Brother	Sister	Aunt	Uncle
Depression										
Excessive Anxiety										
Bipolar										
Schizophrenia										
Sulcide										100
Drug/Alcohol Problems										
Abuse										

VI. Psychosocial History:

Who currently lives in your household?

Name	Age	Relation
Marital status of self or for child (parents):		Number of martiages:
Length of present marriage: Dates of pr	revious marriages:	
Work History:	59	
Employed Unemployed	Disabled	Retired
Current joh:	Length of co	nployment:
Work related concerns:		
Educational Background:		
Adult - Last completed grade:; Child - Curro	ent Grade:; Sch	ool:
School changes:	Company Colors	
School concerns:		
Legal Background:		
Adult - Past or present legal problems:		
Child – Legal problems:	Custody Inf	ormation:
Support System:		
Number of close friends/family members:		
Changes with relationship to friends:		
Hobbies/Interests:		
Religious preference/beliefs:		

History of medications taken in the past:

 Mood Stabilizers	Side Effects	\checkmark		Side Effects
Abilify (aripeprazole)	100		Trileptal (oxcarbazepine)	
Depakote (divalproex sodium)			Geodon (zipradisone)	
Eskalith, Lithobid (lithlum carbonate)			Cibalith S (lithium citrate)	
Lamictal (lamotrogine)			Depakene (valproic acid)	
Tegretol (carbamazepenine)				

1	Anti-Depressants	Side Effects	V		Side Effects
	Celexia (citalopram hydrobromide)			Analranii (clomipramine)	
	Cymbalta (duloxetine)			Nardil (phenelzine)	
	Eflexor (venlafaxine)			Pamelor (nortriptyline)	
	Lexapro (escitalopram)			Norpramin (desipramine)	
	Paxil (paroxetine)			Parnate (tranylcypromie sulfate)	
	Pristiq (desvenlafaxine)	man (esti-		Remeron (mirtazapine)	
	Prozac (fluoxetine)			Surmontil (trimipramine)	
	Wellbutrin (buproprion)			Tofranii (imlpramine)	
	Zoloft (sertraline)			Vivactil (protriptyllne)	
	Serzone (nefazodone)			Adapin, Sinequan (doxepin)	
	Viibryd			Asendin (amoxapine)	
		***************************************		Elavil, Endep (amitriptyline)	

1	ADHD Medication	Side Effects	V		Side Effects
	Adderall (amphetamine)			Strattera (atomoxetine)	
	Adderall, Dexedrine (dextroamphetamine)			Focalin (dexmethylphenidate)	
	Concerta (Methylphenidate)			Cylert (pemoline)	
	Ritalin (methylphenidate)			Intuniv (guanfacine)	
	Vyvanse (Lisdexamfetamine)				1

1	Sleep Medication	Side Effects	V		Side Effects
	Amblen / Ambien CR (zolpidem)			Desyrel (trazodone)	
	Restoril (temazepam)			Lunesta (eszopiclone)	
	Sonata (zaleplom)	7		Halcion (trazlam)	
	Rozerem			Dalmane (flurazepam)	
	Vistarii				

Anti-Anxiety	Side Effects	\checkmark	Side Effects
Ativan (Iorazepam)		Tranxene (clorazepate)
Klonopin (clonazepam)		Librium (chloriazepoxic	de)
Valium (diazepam)		Centrax (prazepam)	
Xanax (alprazolam)		Serax (oxazepam)	
Vistaril			
Buspar			

Anti-Psychotic / Mood Stabilizer	Side Effects	4	Side Effects
Clozaríl (clozapine)		Risperdal (risperidone)	7
Compazine (prochlorperazine)		Saphris (asenapine)	
Fanapt (iloperidone)		Serentil (mesoridazine)	
Haldol, Haldol Decanoate (haloperidol)		Seroquel (quetiapine)	
Invega (paliperidone)		Stelazine, Vesprin (trifluoperazine)	
Loxitane (loxapine)		Symbyax (Olanzapine and fluoxetine	e)
Mellaril (thioridazine)		Thorazine (chlorpromazine	9)
Moban (molindone)		Trilafon (perphenazine)	
Navane (thiothixene)		Zyprexa (olanzapine)	
Prolixin, Proloxin Decanaote (fluphenazine)	Latuda	
		Invega	

1	Alzheimers / Dementia Medication	Side Effects	4	OCD Medication	Side Effects
	Namenda (memantine)			Luvox (fluvoxamine)	
	Aricept				
	Excelon				