

HISTORY OF PRESENT ILLNESS:

What is your current concern? _____

How long has this been going on? _____

What are your treatment goals? _____

MEDICAL HISTORY:

Primary Care Physician: _____

Current Mercy patient? YES NO

IF NO:

Are you allergic to any medications? YES NO _____

Current Medications	Date Started	Reason Prescribed
_____	_____	_____
_____	_____	_____
_____	_____	_____

(+) to add additional current medications

Current or Past Illnesses:

_____ Automobile accident _____

_____ Breathing problems _____

_____ Cancer _____

_____ Chronic pain _____

_____ Diabetes _____

_____ Epilepsy/Seizures _____

_____ Head injuries _____

_____ Heart disease _____

_____ Thyroid issues _____

_____ Other _____

What surgeries have you had? _____

PRIOR PSYCHIATRIC MEDICATIONS:

DEPRESSION & ANXIETY

- Anafanil / Clomipramine Y N
- Ascendin / Amoxapine Y N
- Ativan / Lorazepam Y N
- BuSpar / Buspirone Y N
- Celexa / Citalopram Y N
- Cymbalta / Duloxetine Y N
- Cytomel / Liothyronine Y N
- Desyrel / Trazodone Y N
- Effexor / Venlafaxine Y N
- Elavil / Amitriptyline Y N
- Emsam/ Selegiline Y N
- Fetzima / Levomilnacipran Y N
- Inderal / Propranolol Y N
- Klonopin / Clonazepam Y N
- Lexapro / Escitalopram Y N
- Librium/Chlordiazepoxide Y N
- Luvox / Fluvoxamine Y N
- Marplan / Isocarboxazid Y N
- Nardil / Phenelzine Y N
- Norpramin / Desipramine Y N
- Pamelor / Nortriptyline Y N
- Parnate/Tranylcypromine Y N
- Paxil / Paroxetine Y N
- Pristiq / Desvenlafaxine Y N
- Prozac / Fluoxetine Y N
- Remeron / Mirtazapine Y N
- Serax / Oxazepam Y N
- Sinequan / Doxepin Y N
- Tofranil / Imipramine Y N
- Tranxene / Clorazepate Y N
- Trintellix / Vortioxetine Y N
- Valium / Diazepam Y N
- Viibryd / Vilazodone Y N
- Vistaril / Hydroxyzine Y N
- Wellbutrin / Bupropion Y N
- Xanax / Alprazolam Y N
- Zoloft / Sertraline Y N

ANTICONVULSANTS ETC

- Depakene / Valproic Acid Y N
- Depakote / Divalproex Y N
- Eskalith / Lithium Y N
- Gabitril / Tiagabine Y N
- Lamictal / Lamotrigine Y N

- Lyrica / Pregabalin Y N
- Neurontin / Gabapentin Y N
- Tegretol / Carbamazepine Y N
- Topamax / Topiramate Y N
- Trileptal / Oxcarbazepine Y N
- Zonegran / Zonisamide Y N

ANTIPSYCHOTICS

- Fluphenazine Decanoate Y N
- Haldol / Haloperidol Y N
- Haldol Decanoate Y N
- Loxitane / Loxapine Y N
- Mellaril / Thioridazine Y N
- Navane / Thiothixene Y N
- Prolixin / Fluphenazine Y N
- Stelazine/Trifluoperazine Y N
- Thorazine/Chlorpromazine Y N
- Trilafon / Perphenazine Y N

ATYPICAL ANTIPSYCHOTICS

- Abilify / Aripiprazole Y N
- Abilify Maintena Y N
- Aristada / Aripiprazole Y N
- Clozaril / Clozapine Y N
- Geodon / Ziprasidone Y N
- Invega / Paliperidone Y N
- Invega Sustenna Y N
- Latuda / Lurasidone Y N
- Rexulti / Brexpiprazole Y N
- Risperdal / Risperidone Y N
- Risperdal Consta Y N
- Saphris/ Asenapine Y N
- Seroquel / Quetiapine Y N
- Vraylar / Cariprazine Y N
- Zyprexa / Olanzapine Y N

ADHD

- Adderall / amphetamine D Y N
- Catapres / Clonidine Y N
- Concerta / Methylphenidate Y N
- Daytrana / Methylphenidate Y N
- Desoxyn/Methamphetamine Y N
- Dexedrine/Dextroamphetam. Y N
- Dextrostat/Dextroamphetam. Y N
- Focalin/Dexmethylphenidate Y N
- Metadate / Methylphenidate Y N
- Ritalin / Methylphenidate Y N

- Strattera / Atomoxetine Y N
- Tenex / Guanfacine Y N
- Vyvanse / Lisdexamfetamine Y N

SLEEP AIDS

- Ambien / Zolpidem Y N
- Belsomra / Suvorexant Y N
- Halcion / Triazolam Y N
- Lunesta / Eszopiclone Y N
- Melatonin Y N
- Restoril / Temazepam Y N
- Rozerem / Ramelteon Y N
- Sonata / Zaleplon Y N
- Desyrel/ Trazodone Y N

ALCOHOL/DRUG TREATMENT

- Antabuse / Disulfiram Y N
- Campral / Acamprosate Y N
- Catapres / Clonidine Y N
- Methadone Y N
- Revia / Naltrexone
- Suboxone Y N
- Sublocade / Buprenorphine Y N

EPS MANAGEMENT

- Artane / Trihexyphenidyl Y N
- Cogentin / Benztropine Y N
- Ingrezza / Valbenazine Y N
- Mirapex / Pramipexole Y N
- Inderal/ Propranolol Y N

DIETARY SUPPLEMENTS

- Deplin / L-Methylfolate Y N
- Cerefolin NAC/Acetylcysteine Y N

MISCELLANEOUS

- Aricept / Donepezil Y N
- Exolon Patch / Rivastigmine Y N
- Namenda / Memantine Y N
- Minipress / Prazosin Y N
- Nuvigil / Armodafinil Y N
- Adipex-P / Phentermine Y N
- Provigil / Modafinil Y N

Other / Comments

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PSYCHIATRIC HISTORY:

Have you received an evaluation or treatment for the current or similar problem? YES NO

Psychiatrist(s): _____

Psychologist/Therapist(s): _____

Please list all known psychiatric diagnoses: _____

Have you ever been admitted to a psychiatric hospital? YES NO

If yes, when and where? _____

Have you ever used services of an intensive outpatient program or partial hospitalization program? YES NO

If yes, when and where? _____

Have you undergone any psychological or school testing: YES NO

If yes, when and where? _____

Have you undergone any of the following:

- ECT TMS Ketamine/Esketamine VNS Genetic Testing

SUBSTANCE USE HISTORY:

Do you have/had any issues with nicotine, drugs or alcohol use? YES NO

IF YES:

Substance used: _____ Age started: _____ Amount used: _____

Substance used: _____ Age started: _____ Amount used: _____

Substance used: _____ Age started: _____ Amount used: _____

(+) to add additional substances

Have you had any past treatment(s)? YES NO

Describe: _____

How many caffeinated beverages do you drink a day? _____

FAMILY HISTORY:

Biological Mother:

Any psychiatric conditions: YES NO

Explain: _____

Any drug or alcohol use? YES NO

Explain: _____

Biological Father:

Any psychiatric conditions: YES NO

Explain: _____

Any drug or alcohol use? YES NO

Explain: _____

Siblings:

Any psychiatric conditions: YES NO

Explain: _____

Any drug or alcohol use? YES NO

Explain: _____

(+) to add more than 1 sibling

SOCIAL HISTORY:

Who do you currently live with, and what kind of residence (house, rental, apartment, mobile home, etc)? _____ prefer not to answer

How would you identify your sexual orientation?

straight/heterosexual lesbian/gay/homosexual bisexual transsexual unsure/questioning asexual other prefer not to answer

How many children do you have? What are their ages and genders? _____
prefer not to answer

Are you: employed unemployed disabled prefer not to answer

IF YES to employed:

Where have you worked in the past? Have you ever been terminated from any of your jobs?

What is your highest level of education? _____

Have you ever served in the military? Yes No prefer not to answer

Do you have current or past legal issues? Yes No prefer not to answer

What, if any, religion or faith do you practice? _____ prefer not to answer

Are there any ethnic or cultural issues about which you're concerned?

_____ prefer not to answer

Has anyone abused you physically, sexually, or emotionally? Yes No Prefer not to answer

What are your hobbies? _____

Who do you consider your emotional support? _____