COMPREHENSIVE INTAKE FORM

MEDICAL HISTORY Today's Date_____

Name_____ Age_____ DOB_____

Why are you seeing us today?_____

Who else do you see for health care?_____

_____

Please list all **MEDICATIONS** you currently take, including vitamins, herbal or homeopathic products, and over the counter medications:

MEDICATION	DOSAGE	FREQUENCY	REASON
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any **ALLERGIC REACTIONS** to medications in the past._____

_____

Any current medical problems? _____

_____

Any serious medical problems in the past?_____

_____

Any history of surgery or hospitalization?_____

_____

Do you drink alcohol? ___Yes ___No How many drinks per week_____

Do you use tobacco? ___Yes ___No How much per day?_____

Do you drink coffee, tea, soda, other caffeinated products? ___Yes ___No How many daily?_____

Do you engage in formal exercise? ___Yes ___No How many hours per week___

Current drug use? ___Yes ___No

If so, what drugs do you use?_____

_____

FAMILY MEDICAL HISTORY

Please list any family members with health problems and describe what conditions they have:_____

_____

SOCIAL HISTORY

Are you married ___Yes ___No

Children? ___Yes ___No Ages of children?_____

Who lives with you in your home now?_____

_____

Are you currently employed? ___Yes ___No What type of work?_____

Pets?_____ Hobbies?_____

___My childhood was happy. ___My childhood was OK. ___My childhood was unhappy

because:_____

___I was not abused. ___I was abused. Type of abuse: ___physical ___sexual___emotional

Did you experience difficulties in school? ___Yes ___No ___academic ___social___behavioral

Please check which best describes your social experience:

___I have many close friends and we interact regularly.

___I have many close friends, but haven't spent much time with them recently.

___I have few close friends. ___I don't have any close friends.

___I have some acquaintances. ___I prefer to be alone.

Please check all that apply for your legal history:

___I have never been arrested.

___I have been arrested ___ times in my life. Last time (mo/yr)_____

___I have been to drug court.

___I have served ___ months in jail/prison.

___I have spent ___ months in juvenile detention.

___I have a history of violence. ___I have a history of domestic violence.

___I am on probation/parole until (mo/yr)_____

PSYCHIATRIC HISTORY

Have you ever been diagnosed with a mental health disorder? ___Yes ___No

If so, what were the diagnoses?_____

_____

What medications are you currently taking for these disorders?_____

_____

What other medications have you taken for them in the past?_____

_____

Are you seeing a counselor? ___Yes ___No

If so, who are you seeing?_____

Do you have, or ever had, a problem with drugs or alcohol? ___Yes ___No

If yes, please describe:_____

_____

Have you ever been in a treatment facility for substance abuse? ___Yes ___No

Thank you for taking the time to fill this questionnaire in carefully and accurately. We look forward to working together with you to build a happy and healthy future.

Mill Street Psychiatric

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