COMPREHENSIVE PSYCHIATRIC ASSOCIATES

INTAKE QUESTIONS - NEW PATIENTS

Patient's Name: ______________________________ Age: ______ DOB: ____________ Date: ________________

Contact number: ______________________________ Name of your Insurance: ____________________________

If Patient is under 18: Person calling/Relationship ____

If parents are divorced, *Do both agree with treatment*? ____Yes _____ No **

If Divorced, is there a parenting plan in place and/or *who has custody for Medical Authority*? ______________________

Have you ever been seen at Signature Psychiatric Hospital? Y__ N ___ If so: When________________________

What are Presenting problems:

_____ ADHD: Problems with Attention, Concentration, School grades ______________________________

_____ Bipolar Mood Disorder: ______________________________

_____ Depression: Hopelessness, Isolation:______________________________

_____ Anger Management ** ______________________________

_____ Anxiety Other:______________________________

When did symptoms start? ______________________________

Any *current suicidal* thoughts: Y/N *Past suicidal* thoughts: Y/N Self Harm: Y/N Current _____ or Past _________

Any past psychiatric inpatient treatment: Y/N Facility Name: ______________________________

Substance Abuse: Y/N What Substances: ______________________________

Last use? _______________ *** Past Substance Treatment (Residential or Detox treatment): ______________________________

Current Provider: Y/N Name______________________________

If Changing Psychiatric Providers, Why: ______________________________

Current / Past Psychiatrist / Therapist (Write details): ______________________________

PCP: ______________________________ Last Seen: ______________________________

Current Meds: ______________________________

Prescribed By: ______________________________

Past Medical History (What medical problems were diagnosed): ______________________________

Any history of Autism or Autistic Spectrum Diagnosis / Developmental Disability? ** ______________________________

Approved: YES / NO Date: _____________ Reviewed by: _____________________