

INTAKE HISTORY INFORMATION

NAME:

ADDRESS:

Telephones:

BIRTHDATE:

MEDICATIONS TAKEN RECENTLY:

Total # of Previous Psychiatric Medications & Reactions to them:

Previous Diagnoses & Tx:

Presumptive Dx:

Usual Amount of Sleep/Night:

MEDICAL HISTORY: ___ Odd/Unusual Symptoms; ___ PMS; Point in Menstrual Cycle: ___ Skull/Head Surgeries/Deformities; ___ Strokes; ___ Heart Attacks; ___ Pulmonary; ___ Endocrine; ___ GI; ___ Polio; ___ HIV; ___ Vascular; ___ Chronic Ear Infections/Ear Tubes; ___ Infections/Viruses/High Fever; ___ Visual; ___ Lupus; ___ Metabolic Disorders (e.g. diabetes); Hypoglycemia; ___ Chemical Sensitivities; ___ Thyroid; ___ Allergies; ___ Tinnitus; ___ IBS; ___ Viral Illness; ___ Balance problems; ___ Incontinence; ___ Swallowing Problems; ___ Liver; ___ Do you eat fish, meat, or fowl? ___ Use Artificial Sweeteners/diet drinks? ___ Menopausal; Cravings: _____; ___ Chronic Pain: (0-10: ___):

Exposure to Toxic Agents (e.g., significant exposure to heavy metals, insecticides, carbon monoxide, solvents, drug overdoses, chemotherapy or radiation, etc.):

Neurological: ___ Neurological Disease; ___ Memory Difficulties (0-10: ___); ___ Seizures; ___ Confusion; ___ Restless Leg; ___ Apnea or daytime drowsiness; ___ Fatigue (0-10: ___); ___ Headaches or Migraines (0-10: ___); ___ ECT; ___ Accidents; ___ Incoordination; ___ Tics/Twitches, Tremor, or Parkinson's; ___ Sensory Impairments; ___ Lyme; ___ Fibromyalgia; ___ # of Anesthetics; ___ Complicated Birth [forceps, fetal distress, complicated/prolonged labor, anoxia, Premature (Wt: ___), prenatal drug exposure]; ___ Physical Abuse; ___ Sensitivity to Light & Sound; ___ Anosmia; ___ Oversensitive Smell; ___ Blows to the Head, Concussions, or Head Injuries (football, boxing, soccer, skateboarding, lacrosse, skiing, hockey, horseback riding; "see stars"); ___ Loss of Consciousness? Total Number of Head Injuries: _____

Development: ___ Slow motor; ___ Slow speech; ___ Developmental delay; ___ Reading Problems (0-10: ___); ___ Math Problems (0-10: ___); ___ Speech/Writing Problems (0-10: ___); ___ Coordination Problems; School: ___ Below grade; ___ Special Classes; ___ Learning Disability; ___ Discipline Problem; ___ Concentration Problems (0-10: ___); ___ Disorganized (0-10: ___); ___ Forgetful (0-10: ___); ___ Impulsive (0-10: ___); Hyperactive (0-10: ___); ___ ADD (# of Criteria met ___) or ADHD (# of criteria met ___); Academic Strengths: High School GPA: _____; College GPA: _____

Mental Status: ___ Depressed (0-10: ___); ___ Suicide Attempts?; ___ Anxiety (0-10: ___); ___ Panic Attacks; ___ Phobias; ___ Bruxism; ___ Obsessive Rumination/Worry (0-10: ___); ___ OCD/ ___ Delusions, Hallucinations or Thought Disorder; ___ Mental Fogging (0-10: ___); ___ Bipolar/Mood Swings (0-10: ___); ___ Reactive Attachment Disorder; ___ ODD; ___ Arrests; ___ Onset Insomnia (0-10: ___); ___ Frequent Awakening (#/night: ___); ___ Early Morning Awakening; ___ Autism; ___ Asperger's; ___ Sexual Addiction; ___ Compulsive Gambling; ___ DID/DDNOS; Amount of Caffeine Use: _____; ___ Alcoholism; ___ Substance Abuse:

FAMILY HISTORY OF (Identify Who):

- Depression and/or Suicide:
- Bipolar/Manic Depression:
- Epilepsy:
- Migraine:
- Alcoholism or Drug Abuse:
- Anxiety or Panic Attacks:
- Tourette's (Motor or Vocal Tics):
- ADD/ADHD
- Learning Disability:
- Speech Problems:
- Autism or Asperger's:
- Schizophrenia:
- OCD:
- PMS:
- Chronic Fatigue:
- Fibromyalgia:
- Criminal Behavior:
- Thyroid Problems:
- Dementia:
- Did your mother smoke cigarettes during her pregnancy with you? Use alcohol or drugs during pregnancy?

NOTES: