PATIENT INTAKE QUESTIONNAIRE

Name: ____________________________________ **Date:**_______________________________

Age: ______________ **DOB:**___________ **SSN:**________________ **Medicaid #:**______________

Start of Session:_______________ **End of Session:**________________

Location: ☐ Office ☐ School _____________________ ☐ Facility __________________________

Interviewed with:

☐ Patient Alone
☐ Family
☐ Staff Member
☐ Friend
☐ Other: ______________________

Referred by:

☐ Referred by Health Care Provider
☐ Referred by Hospital
☐ Friend
☐ Family
☐ Probation
☐ Work
☐ Other: ______________________

What brings you in today?

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Current Symptoms:

☐ Depression
☐ Tired Often
☐ Loss of Interest
☐ Feeling Hopelessness
☐ Feeling Sadness
☐ Social Withdrawal
☐ Grief
☐ Drug or Alcohol Use
☐ Changes in Sleep Patterns
☐ Nightmares
☐ Feeling Detached
☐ Breaking Rules or Laws
☐ Restlessness
☐ Suicidal Thoughts
☐ Suicide Attempts
☐ Anger/Rage
☐ Self-Harm (cutting/burns)
☐ Thoughts of Harming Others
☐ Overwhelmed by Stress
☐ Trouble Concentrating
☐ Trouble Understanding
☐ Trouble Remembering
☐ Mood Swings
☐ Change in Eating
☐ Hearing Voices
☐ Visual Hallucinations (seeing things not there)
☐ Anxiety/Worry
☐ Other: ____

What do you want from treatment?

What are you good at?

What do you struggle with?

Mental Health History	Me	Family
Depression	☐	☐
Bipolar Disorder	☐	☐
Manic Episodes	☐	☐
PTSD	☐	☐
Anxiety	☐	☐
Eating Disorder	☐	☐
Schizophrenia	☐	☐
Psychosis	☐	☐
Personality Disorder	☐	☐
Mood Disorder	☐	☐
Psychiatric Hospitalization	☐	☐
Out Patient Program	☐	☐
Treated at Doctor's Office	☐	☐

Medical History:

Primary physician: ______________________________ **Date of last physical examination:** _____________

Pharmacy: ___________________________________

Personal History:

☐ High Blood Pressure	☐ Kidney Disease	☐ Migraines	☐ Cancer
☐ Hypertension	☐ Liver Disease	☐ Arthritis	☐ Hernia
☐ Hypothyroidism	☐ Pancreatitis	☐ Diabetes	☐ Shakes/Tremors
☐ Heart Disease	☐ Tuberculosis	☐ STD's	☐ Drug Overdose
☐ Heart Murmur	☐ Staph Infection	☐ Lupus	☐ Scabies
☐ Heart Attack	☐ Hepatitis	☐ MRSA	☐ Seizures
☐ Stroke	☐ Persistent Cough	☐ Head Injury	☐ Crohns
☐ Alcohol Poisoning	☐ Currently Pregnant	☐ Miscarriage	☐ Abortions
☐ Ulcers	☐ Heartburn	☐ Acid Reflux	☐ Gerd
☐ Abdominal Cramps	☐ Excessive Sweating	☐ Emphysema	☐ Asthma
☐ Incontinence	☐ Hearing	☐ Vision	☐ Mobility

☐ Other:

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All Current Medications: (including over the counter medications)

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Past Medications and Side Effects:

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Allergies:

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Do you have any of the following Addictive Behaviors? (Please check all that apply and indicate frequency)

	Frequency:
☐ Electronic Addictions	Daily / Weekly / Occasional / Past Use
☐ Gambling Addictions	Daily / Weekly / Occasional / Past Use
☐ Caffeine Use	Daily / Weekly / Occasional / Past Use
☐ Nicotine/Cigarette Use	Daily / Weekly / Occasional / Past Use
☐ Smokeless tobacco/Vaping	Daily / Weekly / Occasional / Past Use
☐ Alcohol Use	Daily / Weekly / Occasional / Past Use
☐ Marijuana	Daily / Weekly / Occasional / Past Use
☐ Methamphetamine	Daily / Weekly / Occasional / Past Use

☐ Cocaine Daily / Weekly / Occasional / Past Use

☐ Heroin Daily / Weekly / Occasional / Past Use

☐ Hallucinogens Daily / Weekly / Occasional / Past Use

☐ Inhalants Daily / Weekly / Occasional / Past Use

☐ Prescription Medications Daily / Weekly / Occasional / Past Use

☐ Over-the-Counter/Herbals Daily / Weekly / Occasional / Past Use

Other: ____________________________________ Daily / Weekly / Occasional / Past Use

Current substance abuse related symptoms: (check all that apply)

☐ Blackouts

☐ Weight Changes

☐ Morning Use

☐ Isolative Use

☐ Tremors

☐ Seizures

☐ Impaired Memory

☐ Increased Tolerance

☐ Family Problems

☐ Medical Problems

☐ Legal Problems

History of DUI: Yes No
Recent Incarcerations: Yes No
In-Patient Treatment: Yes No
Out-Patient Treatment: Yes No

Developmental History:

☐ Born Early (premature)

☐ Mother used drugs/alcohol while pregnant

☐ Walked Late

☐ Talked Late

☐ Potty Trained Late

☐ Received Services for delays in development: ____

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Social History:

Family History: (check those that apply)

- ☐ Married - # years: __________
- ☐ Spouse Deceased
- ☐ Never Married
- ☐ Divorced/Separated
- ☐ Living Children - #__________
- ☐ Custody Arrangements
- ☐ No Children
- ☐ Deceased Children - #_________
- ☐ No Siblings
- ☐ Siblings - #_________
- ☐ Parent's Alive - #_________
- ☐ Parents Deceased - #________

Education:

- ☐ No School ☐ GED
- ☐ In School – Grade:______ ☐ Special Education
- ☐ Completed Highschool
- ☐ Some College or More

Employment:

☐ Currently Working: ☐ Full Time ☐ Part Time

Employer: ____

- ☐ Unemployed
- ☐ Disabled When: _______________
- ☐ Social Security Benefits or other State Benefits: ______________________

Military:

Branch: ______________________________ ☐ Active ☐ Retired ☐ Discharged

Years Served: _________________

Legal History:	**Current**	**Past**
Served Jail Time	☐	☐
Probation	☐	☐
Parole	☐	☐
Guardianship	☐	☐
Power of Attorney	☐	☐
Court Committal to Treatment	☐	☐
DHS Involvement	☐	☐

Trauma History: (check all that apply)

- ☐ A really bad automobile accident
- ☐ A really bad accident at work or home
- ☐ A hurricane, flood, earthquake, tornado or fire

☐ Attack with gun, knife or weapon
☐ During military services – seeing something horrible or being badly scared
☐ Sudden death of family or friend
☐ Seeing someone die suddenly or get badly hurt
☐ Some other sudden event that made you feel very scared, helpless or horrified
☐ Sudden move or loss of home and possessions
☐ Suddenly abandoned by spouse, partner, parent or family

Childhood History of: (check all that apply)
☐ Sexual contact (forced or pressured)
☐ Emotional or verbal maltreatment
☐ Out of home placements
☐ Physical abuse
☐ Neglect
☐ Witness to violence in family

Adult History of:
☐ Sexual contact (forced or pressured)
☐ Emotional or verbal maltreatment
☐ Out of home placements
☐ Physical abuse
☐ Neglect
☐ Witness to violence in family
☐ Abusive relationship ☐ Current ☐ Past

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PROVIDER ONLY

Mental Status:

Physical description and general appearance (age, gender, race, height, weight, & attire):

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Appearance: ☐Appropriate ☐Inappropriate ☐Unusual ☐Unkempt ☐Disheveled

Hygiene: ☐Poor ☐Fair ☐Good

Facial expression: ☐Normal ☐Depressed ☐Angry ☐Elated ☐Interested ☐Suspicious ☐Grimacing ☐Anxious ☐Concerned

Behavior during interview:____

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Attitude: ☐Friendly ☐Open ☐Helpful ☐Outgoing ☐Hostile ☐Evasive ☐Irritable ☐Withdrawn ☐Dependent ☐Cold

Alert: ☐Yes ☐No **Orientation:** X_____ to: ☐Person ☐Place ☐Time ☐Situation

Mood: ☐Euthymic ☐Depressed ☐Anxious ☐Guilty ☐Expansive ☐Euphoric ☐ Angry ☐Confused ☐Irritable ☐Hopeless ☐Self-loathing ☐Labile

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Affect: ☐Congruent ☐Incongruent ☐Flat ☐Blunted ☐Labile ☐Restricted ☐Hostile

Risk to Self: (ideation, intent, plan, means)____

____

Risk to Others: (ideation, intent, plan, means)______________________________________

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Vegetative Symptomatology:

Sleep (initial, middle, terminal, multiple awakenings):_____________________________

Coping skills utilized to manage sleep:______________________________________

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Appetite (more, less, weight loss/gain):_______________________________________

Energy level:____

Motivation:____

Anhedonia:____

Libido:____

Anxiety:____

Perceptual Disturbances (A/V hallucinations; illusions; depersonalization; derealization):_________________

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Thought Process/Form: ☐Goal-directed ☐Tangential ☐Perseverative ☐Thought Blocking

☐Echolalia ☐Loose associations ☐Flight of ideas ☐Circumstantiality ☐Vague ☐Neologisms

☐Word salad ☐Clang Associations ☐Racing thoughts ☐Incoherent ☐Illogical ☐Concrete

Thought Content: ☐Normal ☐Poverty of content ☐Ideas of reference ☐Phobias ☐Delusions

☐Obsessions ☐Compulsions ☐Overvalued ideas ☐Religiosity ☐Paranoia ☐Egomania

Speech: ☐Normal ☐Loud ☐Soft ☐Rapid ☐Slow ☐Pressured ☐Latencies ☐Stuttering

☐Dysarthria ☐Poverty of content ☐Non-elaborative ☐Cluttering

Memory (normal vs. deficits in immediate, recent, and remote):_______________________________________

____

Concentration: ☐Good ☐Distractible ☐Variable

Abstractions: ☐Appropriate ☐Concrete ☐Overly abstract

Fund of Knowledge:____

Estimated Intelligence: ☐Average ☐Below average ☐Above Average

Impulse Control (aggression; gambling; spending; sex; CD; eating disorder):____________________________

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Judgment: ☐Intact ☐Fair ☐Poor ☐Impaired ☐Bizarre

Insight: ☐Absent ☐Poor ☐Limited ☐Blaming ☐Equivocating ☐Intellectual ☐ Good/Emotional

Reliability: ☐Yes ☐No Describe:____

<u>Crisis Plan</u> (Describe what individual can do when experiencing a mental health emergency)

Coping Skills:____

____

Support Network:____

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Physical:____

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Psychiatric Advance Directive

☐ Yes ☐ No If yes, do we have a copy? ☐ Yes ☐ Client asked to provide a copy

Was client offered resource information on PADs? ☐ Yes ☐ Refused

Discussion (Bio/Psycho/Social Formulation):

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Stage of Change: (For each problem diagnosed)
Precontemplation: Not aware of problem, or aware and have no intention of changing.
Contemplation: Aware of problem and thinking about taking steps to overcome them.
Preparation: Action will be taken in the next month.
Action: Client modifies their behavior, experiences or environment to overcome problems.
Maintenance: Change has been made and client works towards preventing relapse and reflects on what was learned.

PHQ-9 Score: __________________

DIAGNOSTIC IMPRESSION

ICD 10 Codes:____

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Prognosis: ☐**Good** ☐**Fair** ☐**Guarded** ☐**Poor**

Treatment Plan needed: Yes No