



## Adult Psychiatric Intake Form

### GENERAL INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PLEASE DESCRIBE THE REASON FOR VISIT AND/OR CURRENT CONCERNS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RISK ASSESSMENT

Have you ever attempted suicide?  Yes  No

Have you ever harmed yourself by cutting, burning, etc.?  Yes  No

Have you recently engaged in risk-taking behavior? *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol/drug use | <input type="checkbox"/> Gang involvement                            |
| <input type="checkbox"/> Unprotected sex  | <input type="checkbox"/> Drug dealing                                |
| <input type="checkbox"/> Shoplifting      | <input type="checkbox"/> Trading sex for money, drugs or possessions |
| <input type="checkbox"/> Reckless driving | <input type="checkbox"/> Carrying/using a weapon                     |
| <input type="checkbox"/> Other: _____     |  |

Do you feel that you live in a safe place?  Yes  No

Are there guns in your home?  Yes  No

If yes, are the guns locked up?  Yes  No

Have you ever witnessed violence in the home?  Yes  No

### LEGAL INVOLVEMENT

Have you ever been on probation?  Yes  No

Have you had any other involvement with the legal system?  Yes  No

If yes to any of the above, please explain:

\_\_\_\_\_

### MENTAL HEALTH HISTORY *Please check all current and previous mental health care*

*Provide details (location, dates, provider's name, etc.)*

- |  |                |
|--|----------------|
| <input type="checkbox"/> Inpatient Hospitalization     | Details: _____ |
| <input type="checkbox"/> Partial Hospitalization (PHP) | Details: _____ |
| <input type="checkbox"/> Intensive Outpatient (IOP)    | Details: _____ |
| <input type="checkbox"/> Residential Treatment (IRTS)  | Details: _____ |
| <input type="checkbox"/> Psychiatric Care              | Details: _____ |
| <input type="checkbox"/> Therapy                       | Details: _____ |
| <input type="checkbox"/> Substance Abuse Treatment     | Details: _____ |
| <input type="checkbox"/> Detox                         | Details: _____ |
| <input type="checkbox"/> Case Management               | Details: _____ |

Other:

Details: \_\_\_\_\_

<b>ALL CURRENT AND PAST MEDICATIONS TRIED</b>
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**Antidepressants**

- Prozac (fluoxetine)
- Zoloft (sertraline)
- Lexapro (escitalopram)
- Celexa (citalopram)
- Luvox (fluvoxamine)
- Paxil (paroxetine)
- Wellbutrin (bupropion)
- Effexor (venlafaxine)
- Pristiq (desvenlafaxine)
- Cymbalta (duloxetine)
- Viibryd (vilazodone)
- Fetzima (levomilnacipran)
- Trintellix (vortioxetine)
- Elavil (amitriptyline)
- Pamelor (nortriptyline)
- Tofranil (imipramine)
- Norpramin (desipramine)
- Anafranil (clomipramine)
- Emsam (selegiline)

**Anti-Anxiety / Anti-Hypertensives**

- Catapres (clonidine)
- Kapvay (clonidine ER)
- Tenex (guanfacine)
- Intuniv (guanfacine ER)
- Buspar (buspirone)
- Vistaril (hydroxyzine pamoate)
- Atarax (hydroxyzine hcl)
- Inderal (propranolol)
- Tenormin (atenolol)

**Benzodiazepines**

- Xanax (alprazolam)
- Ativan (lorazepam)
- Klonopin (clonazepam)
- Valium (diazepam)
- Restoril (temazepam)
- Librium (chlordiazepoxide)

**Stimulants**

- Adderall (dextroamphetamine/amphetamine)
- Vyvanse (lisdexamfetamine)
- Dexedrine (dextroamphetamine)
- Adzenys (amphetamine ODT or liquid)
- Concerta (methylphenidate ER)
- Ritalin LA (methylphenidate LA)
- Metadate (methylphenidate CD)
- Daytrana (methylphenidate patch)
- Quillivant (methylphenidate chew or liquid)
- Focalin (dexmethylphenidate)
- Strattera (atomoxetine)
- Provigil (modafinil)
- Nuvigil (armodafinil)

**Mood Stabilizers**

- Lamictal (lamotrigine)
- Trileptal (oxcarbazepine)
- Lithobid/Eskalith (lithium)
- Depakote (valproic acid/divalproex)
- Tegretol (carbamazepine)
- Topamax (topiramate)
- Neurontin (gabapentin)

**Antipsychotics / Neuroleptics**

- Risperdal (risperidone)
- Abilify (aripiprazole)
- Rexulti (brexpiprazole)
- Seroquel (quetiapine)
- Zyprexa (olanzapine)
- Invega (paliperidone)
- Latuda (lurasidone)
- Geodon (ziprasidone)
- Vraylar (cariprazine)
- Saphris (asenapine)
- Haldol (haloperidol)
- Clozaril (clozapine)
- Thorazine (chlorpromazine)
- Fanapt (iloperidone)

**Sleep Aids / Sedatives**

- melatonin
- Unisom (doxylamine)
- Benadryl (diphenhydramine)
- Desyrel (trazodone)
- Remeron (mirtazapine)

- Ambien (zolpidem)
- Lunesta (eszopiclone)
- Sonata (zaleplon)
- Silenor (doxepin)
- Rozerem (ramelteon)

**FAMILY MENTAL HEALTH HISTORY**

- Suicide attempt                      Who: \_\_\_\_\_
- Death by suicide                      Who: \_\_\_\_\_
- Schizophrenia                      Who: \_\_\_\_\_
- Bipolar disorder                      Who: \_\_\_\_\_
- Depression                      Who: \_\_\_\_\_
- Anxiety                      Who: \_\_\_\_\_
- ADHD                      Who: \_\_\_\_\_
- Autism Spectrum Disorder                      Who: \_\_\_\_\_
- OCD                      Who: \_\_\_\_\_
- Personality Disorder                      Who: \_\_\_\_\_
- Eating Disorder                      Who: \_\_\_\_\_
- Alcoholism                      Who: \_\_\_\_\_
- Drug addiction                      Who: \_\_\_\_\_
- Other: \_\_\_\_\_

**EDUCATION HISTORY**

Highest Level of Education Completed: \_\_\_\_\_

School: \_\_\_\_\_

Any Academic Difficulties or Learning Disabilities: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT**

What is your employment status? (*Check one*)

- Employed full-time
- Employed part-time
- Not employed and NOT seeking employment
- Not employed and seeking employment

If employed, what is your occupation?

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## MEDICAL CONCERNS

### Head

- Concussion
- Head injury
- Headaches
- Migraines
- Traumatic brain injury
- Other: \_\_\_\_\_

### Eyes

- Needs glasses/contacts
- Eye pain
- Double vision
- Decreased vision
- Other: \_\_\_\_\_

### Ears, Nose, Throat

- Difficulty hearing
- Ringing in ears
- Vertigo
- Difficulty swallowing
- Pain
- Other: \_\_\_\_\_

### Cardiovascular

- Murmur
- Chest pain
- Palpitations
- Dizziness
- Fainting spells
- Shortness of breath
- Difficulty lying flat
- Swelling ankles
- Other: \_\_\_\_\_

### Respiratory

- Cough

### Gastrointestinal

- Heartburn/reflux
- Nausea
- Constipation
- Diarrhea
- Abdominal pain
- Black or bloody bowel movement
- Other: \_\_\_\_\_

### Genitourinary

- Increased urinary frequency
- Bedwetting
- Blood in urine
- Erectile dysfunction
- Abnormal discharge
- Bladder leakage
- Menstrual issues
- Other: \_\_\_\_\_

### Musculoskeletal

- Joint pain/swelling
- Stiffness
- Muscle pain
- Back pain
- Other: \_\_\_\_\_

### Neurological

- Loss of strength
- Numbness
- Headaches
- Tremors
- Memory Loss
- Seizures
- Tourette's syndrome
- Other: \_\_\_\_\_

### Skin

### Constitutional

- Weight gain
- Sleep difficulties
- Poor appetite
- Weight loss
- Fatigue
- Fever
- Other: \_\_\_\_\_

### Sensory Concerns

- Sound/noise
- Touch/tactile
- Oral/textures
- Clothing/tactile
- Scent/smell
- Other: \_\_\_\_\_

### Endocrine

- Unexplained wght loss
- Unexplained wght gain
- Hot/cold intolerance
- Diabetes
- Thyroid issues
- Other: \_\_\_\_\_

- Pain
- Shortness of breath
- Use of inhaler
- Use of oxygen
- Other: \_\_\_\_\_
- Hair loss
- Rash/hives
- Lesions/sores
- Itching
- Easy bruising
- Other: \_\_\_\_\_

**SUBSTANCE USE (PAST AND CURRENT) – PLEASE LIST AMOUNT, FREQUENCY AND PRODUCT**

- Caffeine \_\_\_\_\_
- Nicotine/Tobacco \_\_\_\_\_
- Alcohol \_\_\_\_\_
- Marijuana \_\_\_\_\_
- CBD \_\_\_\_\_
- Other Drug Use \_\_\_\_\_

Have you ever been in treatment for substance abuse?

- Yes
- No

If yes list dates, location, and completed or not completed:

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