

Patient Name: _____ **Today's Date:** _____

DOB: _____ Age: _____ Gender: M F

Home Address: _____

Phone Number: _____ Cell/Work Number: _____

Can I leave a message/voicemail? Y N Best time to call: _____

Email address: _____

Emergency Contact:

Name/Relationship: _____

Phone Number: _____

Primary Care Physician: _____

Phone Number: _____ Fax Number: _____

Insurance Coverage

___ Self Pay/No Coverage ___ Medical Assistance ___ Commercial Insurance

Insurance Provider: _____

Primary Member Name and DOB: _____

Employer: _____

Member ID Number: _____

Group Number: _____

Claim Address: _____

Claim Phone Number: _____

Secondary Insurance: Y N

If yes, name of insurance: _____

ID Number: _____

How were you referred to the practice? _____

What are your primary concerns at this time?

Medical/Psychiatric History

Have you ever been diagnosed with a major medical condition? Y N

If yes, describe: _____

Have you ever been diagnosed with a psychiatric disorder? Y N

If yes, describe: _____

Indicate History (H) or Current (C) concerns with any of the following:

	H	C		H	C
Headache / Migraine			Cigarette Use		
Seizures			Staring Spells		
Domestic Violence			Blood Pressure		
Sexual Abuse			Depression		
Sleeping			Emotional Abuse		
Alcohol Use			Tics		
Stomach Ache			Drug Use		
Overweight			Asthma		
Underweight			Fatigue		
Self-harm / Suicidal			Anxiety		
Physical Abuse			Cardiac		
Allergies			Other		

Family History

Marital Status: _____

Household Members:

Name	Age	Gender	Relationship

Please list any members with the following:

	Siblings	Mother's Family	Father's Family
Developmental Delays			
Learning Difficulties			
Mental Retardation			
ADHD (Hyperactivity)			
Seizures			
Tics / Tourette's			
Autism or PDD			
Depression			
Anxiety			
Bipolar Disorder			
Schizophrenia			
Substance Use / Abuse			
Suicide Attempt			

Work/Educational History

What was your highest level of education? _____

Are you currently employed? Y N

If yes, where do you work? _____

Occupation: _____

Are you having trouble at work?
