



HAZELWOOD
MENTAL HEALTH

New Patient Intake

Legal Name: _____ **Preferred Name:** _____
Date of Birth: _____ Age: _____ Gender: _____
Best Number to Call: _____ Alternate Number: _____
Email: _____

In a few words, what is the reason for scheduling an appointment? What is your main concern and what do you think will help? _____

Social History

Marital Status: Married Single Divorced Widowed Engaged It's Complicated
Employer (or school for students) _____
Type of work/school studies: _____
Hobbies: _____
How often do you drink alcohol and how many drinks do you have _____
Do you use tobacco products? Yes No
When was the last time you used marijuana? How often do you use it? _____
What other drugs have you experimented with or use regularly? Describe frequency/amount _____

Are there any spiritual or cultural aspects we should know about in providing exceptional care? Please explain _____

How would you describe the atmosphere in your home? _____

People Living in the Home

Name	Relationship	Age

Early Childhood History

Were you Premature Full Term Unknown
 Were there complications during your birth? Yes No Unknown
 Growing up, how would you describe your relationship with your mom? _____

 Your dad? _____
 Siblings? _____
 What is your highest level of education? _____
 How did you do in school? _____
 Did you have any special education services or accommodations in school? _____
 Were you ever told you have a learning disorder? If so, which? _____
 Did you repeat or skip a grade? If so, explain: _____

Mental Health History

Have you been seen by a mental health professional before now? If so who/where and for what?

 Have you ever been diagnosed with a mental health condition? If so, what? _____

 Have you experienced one or more traumatic events in your life? Yes No
 Any history of self-harm behaviors (cutting, burning, hitting self, etc)? If so, is this current? What ages did this occur? _____
 Any history of suicidal thoughts? Yes No **CURRENT suicidal thoughts?** Yes No
 History of suicidal behaviors or attempts? Yes No
 Previous psychiatric hospitalizations or intensive outpatient programs? Yes No

Medical History

	Yes	No
High Blood Pressure		
Heart Disease		
Diabetes		
Thyroid Problems		
Cancer		
Seizures		
High Cholesterol		
Kidney Disease		
Alcohol or drug use		
Depression		
Anxiety		
Bipolar Disorder		
ADHD		

	Yes	No
Constipation		
Diarrhea		
Nausea/Vomiting		
Sleep Problems		
Frequent Headaches		
Head Injury		
Asthma		
Vision Impairment		
Hearing Impairment		
Learning Delays		
Genetic Disorder		
Other: _____		
Other: _____		

Additional Medical History: _____

Past Surgeries: _____

Current Medications, Vitamins, Supplements: (include dose, reason for taking, who prescribes it) _____

Allergies to medications? None known List with reaction _____

Other allergies (food, environmental): _____

Family Medical History

Do any family members (parents, grandparents, siblings, children) have a history of any of the following?

	Yes	No	Who
High Blood Pressure			
Heart Disease (any type)			
Diabetes			
Thyroid Problems			
Cancer			
Alcohol or drug misuse			
Depression			
Anxiety			
Bipolar Disorder			
Schizophrenia			
Other: _____			
Other: _____			

Any other comments or thoughts you'd like to share? _____

Past Medication Trials

O None

Medication Generic (Brand)	Reason for taking	Any positive or negative reactions (describe)
Amphetamine Formulations: Adderall, Adzenys, Dyanavel, Mydayis, Dexedrine, Vyvanse, Zenzedi		
Aripiprazole (Abilify)		
Atomoxetine (Strat era)		
Bupropion (Wellbutrin)		
Buspirone (BuSpar)		
Carbamazepine (Tegretol)		
Cariprazine (Vraylar)		
Clonidine (Catapres)		
Clonazepam (Klonopin)		
Citalopram (Celexa)		
Clozapine (Clozaril)		
Desvenlafaxine (Pristiq)		
Divalproate/Valproate (Depakote)		
Diphenhydramine (Benadryl)		
Escitalopram (Lexapro)		
Fluoxetine (Prozac)		
Gabapentin (Neurontin)		
Guanfacine (Tenex/Intuniv)		
Haloperidol (Haldol)		
Hydroxyzine (Vistaril)		
Lamotrigine (Lamictal)		
Lithium		
Lurasidone (Latuda)		
Mirtazapine (Remeron)		
Methylphenidate (Ritalin, Metadate, Concerta, Cotempla, Quillichew, Quillivant, Daytrana, Azstarys, Focalin, Jornay)		
Olanzapine (Zyprexa)		
Paroxetine (Paxil)		
Prazosin		
Propranolol		
Quetiapine (Seroquel)		
Risperidone (Risperdal)		
Sertraline (Zoloft)		
Trazodone		
Venlafaxine (Effexor)		
Vortioxetine (Trintellix)		
Ziprasidone (Geodon)		

Others: _____

