

Cool Springs Psychiatric Group

**PATIENT HISTORY**

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

Date form completed: \_\_\_\_\_

\_\_\_ Steven Nyquist, M.D. -- Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_ Hampton Howell, Ph.D. – Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

1. Prior Psychiatric History:

a. Approximate date of all inpatient and outpatient psychiatric treatment:

b. Psychotherapy, marital or family counseling

c. Names of all prior psychiatric medication prescribed by primary care physician, psychiatrists, or other specialists:

2. Prior drug related problems (circle all that apply):

Tobacco, marijuana, cocaine, amphetamines/stimulants, opiates, hallucinogens, Valium, Xanax, others:

3. Prior Alcohol related problems (check all that apply):

a. \_\_\_ ever felt or been told that drinking too much?

b. \_\_\_ ever drink or use first thing in the morning?

c. \_\_\_ ever experience alcohol or drug withdrawal?

d. \_\_\_ ever gone through alcohol/drug detoxification?

e. \_\_\_ ever been in an alcohol or drug rehabilitation program?

4. Suicidal, dangerous and impulsive/compulsive behavior ( check all that apply):

a. \_\_\_ history of suicide attempts?

b. \_\_\_ ever had suicidal thoughts?

c. \_\_\_ hallucinations commanding suicide?

d. \_\_\_ self-injurious behavior, i.e., cutting, burning?

e. \_\_\_ harm to others?

f. \_\_\_ gambling problems?

g. \_\_\_ impulsive/compulsive shopping?

h. \_\_\_ impulsive/compulsive sexual behavior?

5. Current Employment:

6. Marital status:

Single \_\_\_\_\_, Married \_\_\_\_\_, Divorced \_\_\_\_\_ (give dates) \_\_\_\_\_,  
Separated \_\_\_\_\_, engaged \_\_\_\_\_,

7. Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_

8. Current/recent stresses (check all that apply):

- \_\_\_ Break up of relationship
- \_\_\_ Serious argument
- \_\_\_ child/other left home
- \_\_\_ Death of spouse/other
- \_\_\_ Health of family member
- \_\_\_ Behavior of family member
- \_\_\_ Personal injury or illness
- \_\_\_ Retired, lost of job
- \_\_\_ Change of residence
- \_\_\_ Legal difficulty
- \_\_\_ Financial problems
- \_\_\_ Other \_\_\_\_\_

9. Family psychiatric history: (blood relations: father, mother, brothers, sisters)

a. Family history of psychiatric illness:

b. Family history of drug or alcohol problems:

c. Family history of suicidal behavior:

10. Past Medical History:

a. History of brain injury or seizures (stroke, tumor, trauma, etc.)

b. Past and present medical/surgical problems:

c.

d. Any drug allergies:

- e. Are you pregnant or plan to become pregnant within the next 6 months? \_\_\_\_\_  
Are you taking birth control pills? \_\_\_\_\_
- f. Current medications (including over the counter medicals, supplements, herbals):

11. Has there ever been a period of time when you were not your usual self and... check all that apply:

- a. \_\_\_ you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?
- b. \_\_\_ you were so irritable that you shouted at people or started fights or arguments?
- c. \_\_\_ you felt much more self-confident than usual?
- d. \_\_\_ you got much less sleep than usual and found you didn't really miss it?
- e. \_\_\_ you were much more talkative or spoke much faster than usual?
- f. \_\_\_ thoughts raced through your head or you couldn't slow your mind down?
- g. \_\_\_ you were so easily distracted by things around you that you had trouble concentrating or staying on track?
- h. \_\_\_ you had much more energy than usual?
- i. \_\_\_ you were much more active or did many more things than usual?
- j. \_\_\_ you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?
- k. \_\_\_ you were much more interested in sex than usual?
- l. \_\_\_ you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?
- m. \_\_\_ spending money got you or your family into trouble?

12. If you checked more than one of the above, have several of these ever happened during the same period of time?

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13. How much of a problem did any of these caused you – being unable to work; having family, money, or legal troubles; getting into arguments or fights? Please circle 1 response only:

*No problem      Minor problem      Moderate problem      serious problem*

14. Has any of your blood relative (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?

15. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder? \_\_\_\_\_

16. \_\_\_ Do you sometimes have an urge to move your legs, often associated with uncomfortable let sensations?

17. \_\_\_ Do you get relief, at least temporarily, from the urge or leg sensations when you move?

18. \_\_\_ Do your leg symptoms begin or get worse when you are resting or inactive?

19. \_\_\_ Do your leg symptoms get worse in the evening or at night?

20. How would you describe your leg sensations? Please check all that apply:

\_\_\_ Creeping      \_\_\_ Crawling      \_\_\_ Tingling      \_\_\_ Aching

\_\_\_ Burning      \_\_\_ Pulling      \_\_\_ Painful      \_\_\_ itching

\_\_\_ Other: \_\_\_\_\_

21. \_\_\_ Do you have trouble falling or staying asleep?

22. \_\_\_ Does your partner complain that you kick or jerk your legs while sleeping?

23. When do you typically go to bed? \_\_\_\_\_

24. What are your weekly patterns of exercise? \_\_\_\_\_

25. List a few positive changes you would like to see in yourself over the next few months:

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