

Cool Springs Psychiatric Group
PATIENT HISTORY(CONFIDENTIAL)

Patient Name _____ Date of Birth _____

Date form completed: _____

____ Mona Bennett, Ph.D. – Appointment Date _____ Time _____

Patient Information:

Age: ____ Sex: () M () F SSN: _____

Mailing Address: _____

City/State: _____ Zip: _____

Home: (____) ____ - _____ Work: (____) ____ - _____ Marital Status ____

Name of Person(s) Financially Responsible: _____

Relationship to Patient: _____

Address (if different than patient's): _____

City/State: _____ Zip: _____

Employer/School Information:

Name: _____ Occupation: _____

Address: _____

City/State: _____ Zip: _____

Education/Degrees: _____

Parent/Spouse's Information:

Name: _____ number: _____

Relationship to patient: _____

Employer Name: _____ number: _____

Address: _____ City/State: _____

Zip: Emergency Contact Information:

Name: _____

Home: (____) ____ - _____ Work: (____) ____ - _____ other: _____

Medical History

Primary Care Physician

Name of Practice: _____ Doctor: _____

Address: _____ number: _____

Known Allergies:

Severe Illness (childhood to present):

1. Prior Psychiatric History, (including past Diagnosis): _____

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 please 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 but 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?

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 have trouble falling or staying asleep?

17. When do you typically go to bed? _____

18. What are your weekly patterns of exercise? _____

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

Problem/Reason for Visit: _____