

# MENTAL HEALTH INTAKE FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

DOB: \_\_\_\_\_

What issue(s) bring(s) you to Focus Mental Health?

---

---

---

---

---

---

What has been stressing you of late (e.g. Family, job, recent loss of loved ones, financial issues)?

---

---

---

## **SAFETY**

Do currently have thoughts of hurting yourself? Yes/No Please explain.

---

---

Have you tried to hurt yourself in the past? If so, please explain.

---

---

---

Do you currently have thoughts of hurting anyone else? Yes/No Please explain.

---

Do you own any guns or knives? \_\_\_\_\_

## **Past Psychiatric History:**

**Outpatient treatment** ( ) Yes ( ) No

If yes, Please describe when, by whom, and nature of treatment.

Reason Dates Treated By Whom

---

---

---

**Psychiatric Hospitalization** ( ) Yes ( ) No If yes, describe for what reason, when and where.

Reason Date Hospitalized Where

---

---

---

**Past Psychiatric Medications:** If you have ever taken any of the following medications, please indicate the dates, dosage, and how helpful they were (if you can't remember all the details, just write in what you do remember). Dates Dosage Response/Side-Effects

**Antidepressants**

Prozac(fluoxetine) \_\_\_\_\_

Zoloft(sertraline) \_\_\_\_\_

Luvox(flvoxamine) \_\_\_\_\_

Paxil(paroxetine) \_\_\_\_\_  
Celexa(citalopram) \_\_\_\_\_  
Lexapro(escitalopram) \_\_\_\_\_  
Effexor(venlafaxine) \_\_\_\_\_  
Cymbalta(duloxetine) \_\_\_\_\_  
Wellbutrin(bupropion) \_\_\_\_\_  
Remeron(mirtazapine) \_\_\_\_\_  
Serzone(nefazodone) \_\_\_\_\_  
Anafranil(clomipramine) \_\_\_\_\_  
Pamelor(nortrptyline) \_\_\_\_\_  
Tofranil(imipramine) \_\_\_\_\_  
Elavil(amitriptyline) \_\_\_\_\_

**Mood Stabilizers:**

Tegretol(Carbamazepine) \_\_\_\_\_  
Lithium \_\_\_\_\_  
Depakote (valproate) \_\_\_\_\_  
Lamictal (lamotrigine) \_\_\_\_\_  
Tegretol (carbamazepine) \_\_\_\_\_  
Topamax (topiramate) \_\_\_\_\_  
Other \_\_\_\_\_

**Antipsychotics/Mood Stabilizers Dates Dosage Response/Side-Effects**

Seroquel (quetiapine) \_\_\_\_\_  
Zyprexa (olanzepine) \_\_\_\_\_  
Geodon(ziprasidone) \_\_\_\_\_  
Abilify(aripiprazole) \_\_\_\_\_  
Clozaril(clozapine) \_\_\_\_\_  
Haldol(haloperidol) \_\_\_\_\_  
Prolixin(fluphenazine) \_\_\_\_\_  
Risperdal(risperidone) \_\_\_\_\_  
Other \_\_\_\_\_

**Sedative/Hypnotics**

Ambien(zolpidem) \_\_\_\_\_  
Sonata(zaleplon) \_\_\_\_\_  
Rozerem(ramelteon) \_\_\_\_\_  
Restoril(temazepam) \_\_\_\_\_  
Desyrel(trazodone) \_\_\_\_\_

**ADHD medications**

Adderall(amphetamine) \_\_\_\_\_  
Concerta(methylphenidate) \_\_\_\_\_  
Ritalin(methylphenidate) \_\_\_\_\_  
Strattera(atomoxetine) \_\_\_\_\_  
Other \_\_\_\_\_

**Antianxiety medications**

Xanax(alprazolam) \_\_\_\_\_  
Ativan(lorazepam) \_\_\_\_\_  
Klonopin(clonazepam) \_\_\_\_\_  
Valium(diazepam) \_\_\_\_\_  
Tranxene(clorazepate) \_\_\_\_\_  
Buspar(buspirone) \_\_\_\_\_  
Other \_\_\_\_\_

**Past Medical History:**

Allergies \_\_\_\_\_ Current Weight \_\_\_\_\_ Height \_\_\_\_\_

**LIST ALL CURRENT MEDICATIONS** and how often you take them: (if none, write none)

Medication Name/Total Daily Dosage/Estimated Start Date

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

Current over-the-counter medications or supplements:

\_\_\_\_\_

Current medical problems:

Past medical problems, non-psychiatric hospitalization, or surgeries:

\_\_\_\_\_

Have you ever had an EKG? ( ) Yes ( ) No If yes, when \_\_\_\_\_

Was the EKG ( ) normal ( ) abnormal ( ) unknown?

**Women only:** Date of last menstrual period \_\_\_\_\_ Are you currently pregnant or do you think you might be pregnant? ( ) Yes ( ) No.

Are you planning to get pregnant in the near future? ( ) Yes ( ) No

Birth control method \_\_\_\_\_

How many times have you been pregnant? \_\_\_\_\_ How many live births? \_\_\_\_\_

Do you have any concerns about your physical health that you would like to discuss with us?

( ) Yes ( ) No

Date and place of last physical exam \_\_\_\_\_

Is there any personal or family medical history? ( ) Yes ( ) No If yes, please explain:

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

When your mother was pregnant with you, were there any complications during the pregnancy or birth?

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (if under age 18) \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE: REVIEWD BY \_\_\_\_\_ DATE \_\_\_\_\_**