FOCUS MENTAL HEALTH SOLUTIONS, PLLC
MENTAL HEALTH INTAKE FORM
All highlighted fields are required.

Date: ____________________

Full Patient Name: _________________________________ DOB: __________________

What brings you to Focus Mental Health Solutions?

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What has been a recent stressor to you lately? (e.g., Family, job, loss of loved ones, financial issues)?

____

____

SAFETY:

Do you currently have thoughts of hurting yourself? If yes, please explain.

____

____

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

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____

Do you currently have thoughts of hurting anyone else? If yes, please explain.

____

____

Allergies: ______________________________ **Height:** _______________ **Weight:** _______________

Current Prescribed Medications: **Medication name and dosage**

____ ____

____ ____

____ ____

____ ____

Current over-the-counter medications or supplements:

____ ____

____ ____

____ ____

____ ____

Current medical problems:

____

____

Past Psychiatric History:

Have you ever received psychiatric outpatient treatment? ( )Yes ( ) No

If yes, please provide reason, dates treated and by whom.

____

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Have you ever been hospitalized for psychiatric reasons? ( )Yes ( ) No

If yes please provide reason, dates hospitalized and where?

____

____

Past Medical History:

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

____

____

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

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

Date of last physical exam: ______________________

During your mother's pregnancy and birth with you, were there any complications?

____

____

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

Antidepressants:

Prozac(fluoxetine)________________________

Zoloft(sertraline)_________________________

Luvox(fluvoxamine)_______________________

Paxil(paroxetine)_________________________

Celexa(citalopram)_______________________

Lexapro(escitalopram)_____________________

Effexor(venlafaxine)______________________

Cymbalta(duloxetine)_____________________

Pristiq(desvenlafaxine)____________________

Wellbutrin(bupropion)_____________________

Remeron(mirtazapine)_____________________

Serzone(nefazodone)______________________

Anafranil(clomipramine)___________________

Pamelor(nortriptyline)_____________________

Tofranil(imipramine)_______________________

Elavil(amitriptyline)_______________________

Trintellix(vortioxetine)_____________________

Viibryd(vilazodone)_______________________

Other__________________________________

Mood Stabilizers:

Tegretol (Carbamazepine)__________________

Lithium___________________________________

Depakote (valproate,valproic acid)___________________________________

Lamictal(lamotrigine)______________________

Topamax(topiramate)______________________

Trileptal (oxcarbazepine)___________________

Other__________________________________

Anti-anxiety medications:
Xanax(alprazolam)________________________
Ativan(lorazepam)_________________________
Klonopin(clonazepam)____________________
Valium(diazepam)________________________
Tranxene(clorazepate)______________________
Buspar(buspirone)_________________________
Other_____________________________________
Antipsychotics/Mood stabilizers:
Haldol (haloperidol________________________
Prolixin(fluphenazine)______________________
Seroquel(quetiapine)_______________________
Zyprexa(olanzapine)_______________________
Geodon(ziprasidone)_______________________
Invega(paliperidone)_______________________
Fanapt(iloperidone)________________________
Saphris(asenapine)_________________________
Latuda(lurasidone)_________________________
Abilify(aripiprazole)_______________________
Clozaril(clozapine)_________________________
Risperdal(risperidone)______________________
Vraylar(cariprazine)_______________________

Rexulti(brexpiprazole)______________________
Nuplazid(pimavanserin)____________________
Other_____________________________________
Sedative/Hypnotics:
Ambien(zolpidem)_________________________
Lunesta(eszopiclone)_______________________
Belsomra(suvorexant)______________________
Sonata(zaleplon)___________________________
Rozerem(ramelteon)_______________________
Restoril(temazepam)_______________________
Desyrel(trazodone)________________________
ADHD medications:
Adderall(amphetamine)_____________________
Dexedrine(dextroamphetamine)______________
Concerta(methylphenidate)__________________
Ritalin(methylphenidate)____________________
Focalic(dexmethylphenidate)________________
Vyvanse(lisdexamfetamine)_________________
Strattera(atomoxetine)_____________________
Intuniv(guanfacine)_______________________
Kapvay(clonidine)_________________________
Other_____________________________________

Women Only:
Are you currently pregnant or 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? ________
Date of last menstrual cycle: ____________________________

____ **Date:** ____________________
Signature of Patient **(Legal or Personal Representative)**

____ **Date:** _____________________
Signature of Parent/Guardian/Legal or Personal Representative

(Please Indicate your legal authority to act for this patient) _________________________________