



Mileham PSYCHIATRIC SERVICES

Medical History Intake Form

Full Name: _____ **Today's Date:** _____

Age: _____ **Date of Birth:** _____ **Phone:** _____

Height: _____ **Weight:** _____ **Preferred Name (if different than above):** _____

Home Address: _____ **Email Address:** _____

Current Problem(s):

(When did it start? What happened? How is this affecting your life? Please elaborate.)

Have you ever had psychological/counseling or psychiatric treatment before today?

(When and with whom? Reason for treatment? Outcome of treatment?)

Present Health Care Providers (including therapist):

(Name, Specialty, Address, Phone Number)

1. _____
2. _____
3. _____

Severe or Significant Illnesses or Surgeries:

(e.g., diabetes mellitus, thyroid disease, seizures, heart disease, etc. Please list type/date.)

1. _____
2. _____
3. _____

Severe Accident/Injury History:

(e.g., *head injuries*, coma. Please list type/date.)

1. _____
2. _____

Current Medications: (All current meds)

Name of Medication	Dosage	Duration of Treatment	Name of Prescriber
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Past PSYCHOLOGICAL Medications:

Please circle past medications, provide doses, dates/duration taken and reason for discontinuation if possible.

Antidepressants	Dosage	Dates Taken	Reason Discontinued
Anafranil (clomipramine)			
Aplenzin (bupropion hydrobromide)			
Auvelity (Bupropion/dextromethorphan)			
Celexa (citalopram)			
Cymbalta (duloxetine)			
Desyrel/Oleptro (trazodone)			
Effexor (venlafaxine)			
Elavil (amitriptyline)			
Fetzima (levomilnacipran)			
Lexapro (Escitalopram)			
Luvox (fluvoxamine)			
Norpramin (desipramine)			
Pamelor (nortriptyline)			
Paxil (paroxetine)			
Pristiq (desvenlafaxine)			
Prozac (fluoxetine)			
Remeron (mirtazapine)			
Sinequan (doxepin)			
Tofranil (imipramine)			
Trintellix (vortioxetine)			
Viiibryd (vilazodone)			
Wellbutrin (bupropion)			
Zoloft (sertraline)			
Antipsychotics	Dosage	Dates Taken	Reason Discontinued
Abilify (aripiprazole)			
Aristada (aripiprazole lauroxil)			
Caplyta (lumateperone)			
Clozaril (clozapine)			
Fanapt (iloperidone)			
Geodon (ziprasidone)			
Haldol (haloperidol)			

Antipsychotics Continued	Dosage	Dates Taken	Reason Discontinued
Invega (paliperidone)			
Latuda (lurasidone)			
Lybalvi (olanzapine /samidorphan)			
Mellaril (thioridazine)			
Navane (thiothixene)			
Prolixin (fluphenazine)			
Rexulti (brexpiprazole)			
Risperdal (risperidone)			
Saphris (asenapine)			
Seroquel (quetiapine)			
Sonata (zaleplon)			
Thorazine (chlorpromazine)			
Trilafon (perphenazine)			
Vraylar (cariprazine)			
Zyprexa (olanzapine)			
Anxiolytics & Hypnotics	Dosage	Dates Taken	Reason Discontinued
Ambien (zolpidem)			
Ativan (lorazepam)			
Belsomra (suvorexant)			
BuSpar (buspirone)			
Dayvigo (lemborexant)			
Inderal (propranolol)			
Klonopin (clonazepam)			
Librium (chlordiazepoxide)			
Lunesta (eszopiclone)			
Quviviq (daridorexant)			
Restoril (temazepam)			
Serax (oxazepam)			
Tranxene (clorazepate)			
Valium (diazepam)			
Xanax (alprazolam)			
Mood Stabilizers	Dosage	Dates Taken	Reason Discontinued
Depakote (valproic acid/divalproex)			
Eskalith/Lithobid (lithium)			
Lamictal (lamotrigine)			
Neurontin (gabapentin)			
Tegretol (carbamazepine)			
Topamax (topiramate)			
Trileptal (oxcarbazepine)			
Stimulants	Dosage	Dates Taken	Reason Discontinued
Adderall (dextroamphetamine-amphetamine)			
Adhanzia (methylphenidate-HCl)			
Azstarys (serdexmethylphenidate and dexmethylphenidate)			

Stimulants Continued	Dosage	Dates Taken	Reason Discontinued
Adzenys (dextroamphetamine-amphetamine)			
Concerta (methylphenidate)			
Cotempla (methylphenidate)			
Dexedrine (dextroamphetamine)			
Focalin (dexmethylphenidate)			
Jornay (methylphenidate hydrochloride XR)			
Mydayis (dextroamphetamine-amphetamine)			
Qelbree (viloxazine XR)			
Quillivant XR (methylphenidate-HCl)			
Ritalin (methylphenidate-hydrochloride)			
Vyvanse (lisdexamfetamine)			
Non-Stimulants	Dosage	Dates Taken	Reason Discontinued
Intuniv/Tenex (Guanfacine)			
Kapvay/Catapres (Clonidine)			
Qelbree (viloxazine)			
Strattera (Atomoxetine)			
Other	Dosage	Dates Taken	Reason Discontinued
Aricept (donepezil)			
Artane (trihexyphenidyl)			
Cogentin (benztropine)			
Ingrezza (valbenazine)			
Nardil (phenelzine)			
Nuvigil (armodafinil)			
Provigil (modafinil)			
Spravato (eskatamine) or any form of Ketamine			
Sunosi (solriamfetol)			
Synthroid/Tirosint/Levoxyl (levothyroxine)			

Allergic/Adverse Reactions of Medications:

Medication	Reaction	When did this happen?
1. _____		
2. _____		
3. _____		

Family Medical History: (close blood relations) Circle all that apply

Alcohol Abuse, Alzheimer’s Disease, Anorexia, Attention Deficit Hyperactivity Disorder (ADHD), Cancer, Depression, Diabetes, Drug Abuse, Epilepsy, Heart Disease, Manic-Depression/Bipolar Illness, Obesity, Mental Retardation, Panic Disorders, Schizophrenia, Stroke, Suicide, Thyroid Disease, Other: _____

Current Relationship(s): (Single/Married/Significant Other. Duration and Quality of Relationship)

Children:	Name	Gender	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Parents/Siblings	Name	Relationship	Gender
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Military Service (Branch, Dates of Service, Locations, Type of Discharge, MOS? Combat Experience? Please provide brief details. Write N/A if not applicable)

Educational Experience (List Grades/Problems/additional info for each line; not school names)

Grade School: _____
High School: _____
College/Trade School: _____

Occupation (List jobs and durations in last 10 years. Also list reasons for change.)

Habits (please accurately describe amount, frequency of use, last date of use)

Smoking: _____
Alcohol: _____
Use/abuse of prescription and or street drugs (If yes, did you smoke, snort, shoot up, and/or huff?):

Legal Problems (past, present, pending? Describe)

Exercise (type, amount, frequency)

Hobbies/Interests

Last Menstrual Period (Are you currently pregnant or plan on becoming pregnant soon? Write N/A if not applicable)

History of Abuse

Have you been the victim of physical, emotional, or sexual abuse? (Briefly describe who, what, when)

Please circle any of the following neuropsychiatric symptoms which you are currently experiencing or which have been a significant and recurrent problem for you: (please elaborate below)

- | | | |
|---------------------------|---------------------------|---------------------------------|
| Depressed mood | Restlessness | Anxious |
| Sad | Overactive | Panic Attacks |
| Cries Often | Agitated | Angry |
| Can't Relax | Tense | Irritable |
| Mind Races Constantly | Tremors | Excessive |
| Can't Focus | Easily Distracted | Ritualistic-Peculiar Mannerisms |
| Worries Excessively | Tics | Concentration Problems |
| Very Wide Mood Swings | Confused | Flashbacks |
| Fearful of Others | Obsessive | Startle response |
| Fearful of Things | Suspicious | Post-Traumatic Stress Disorder |
| Delusions | Paranoid | Speech Problems |
| Memory Problems | Seizures | Loss of Consciousness |
| Loss of Control | "Going Crazy" | Disorientation |
| Long Term Illness | Family History of Suicide | Suicidal: never/past/present |
| Sleep too much/too little | Burning Sensations | Change in General Behavior |
- Negative Thinking (always think or fear the worst)
Self-Mutilation (cutting, burning, scratching, etc): never/past/present
Loss of Interest/Pleasure/Purpose of Life

Please Elaborate (if applicable): _____

What are some of the problems which YOU feel need to be addressed to help you feel better?

I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to dismissal from the practice.

Patient/Representative Signature: _____ **Date:** _____

*Thank you for your patience and efforts at completing this lengthy inventory.
Please be sure to return this to our office at least one business day before your first appointment.*