



## New Patient Questionnaire

*All Answers Are Confidential!*

What is the reason for your visit to the clinic? [Chief Complaint(s)]

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Have you ever had any Psychiatric admissions to an inpatient unit?

Yes / No

If yes, then, how many total admissions? (E.g.: 1, 2, 5 or more than 5): \_\_\_\_\_

Last Admission (E.g.: in Nov 2015, Jan 2010 or just 2015 or 2010):

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Past suicide attempts?

Yes / No

If yes, then, How many suicide attempts (actual harm to self not just thoughts) \_\_\_\_\_

Last suicide attempt and method of suicide attempt (E.g., Nov 2015, overdose on medication):

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Past/Currently seeing a psychiatrist or therapist?

(E.g., Was seeing a psychiatrist Dr. Clark for 3 years, last saw 1 year ago, was seeing a therapist Mr. John Doe, or I am currently seeing a psychiatrist Dr. XYZ, for 5 years)

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Current or past treatment for substance abuse? Inpatient or Outpatient detox/ rehab:

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**Your Medical Problems: (Medical Diagnoses)**

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**Your Psychiatric Problems: (Mental Health Diagnoses)**

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**Allergies to Medication(s) or non-medication (food, pollen, etc):**

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**How was your growth and development as compared to your peers as a child?**

- Normal
- Abnormal

**If Abnormal, Please Specify:** \_\_\_\_\_

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**Where were you born and raised** : \_\_\_\_\_

**Who raised you as a child** : \_\_\_\_\_

**In one word, how would you describe your childhood experience?**

GOOD      BAD      TRAUMATIC      PLEASANT      UNPLEASANT      DIFFICULT      FAIR

**PLEASE SPECIFY:**

\_\_\_\_\_

-

\_\_\_\_\_

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**Have you ever been abused?**      No      Yes

PHYSICAL      SEXUAL      EMOTIONAL

**IF YES, PLEASE SPECIFY:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What is your highest completed level of education** : \_\_\_\_\_

**Employment status:**

EMPLOYED      UNEMPLOYED      DISABLED      RETIRED

**If employed, please specify your profession:**

\_\_\_\_\_



**Sexual Orientation:**     Heterosexual     Homosexual     Bisexual    **Other** \_\_\_\_\_

**Marital Status:**

MARRIED    WIDOWED    SINGLE    IN A RELATIONSHIP    DIVORCED    SEPERATED

**How many children?** \_\_\_\_\_

**Who do you live with OR lives with you?** \_\_\_\_\_

**How do you support yourself financially?** \_\_\_\_\_

**Who do you consider as your emotional support?** \_\_\_\_\_

**Are you currently using any illicit drugs?** **Yes / No**

ALCOHOL    COCAINE    MARIJUANA    HEROIN    OTHER \_\_\_\_\_

**If yes, please specify the quantity, frequency and how long you have been on.**

*(ex: 5-6 beers, daily, for 20 years)*

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**Have you in the past used any illicit drugs or abused alcohol?** **Yes / No**

**If yes, please specify:** \_\_\_\_\_

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**Who in your family has mental illness, suicide (attempted or completed), or substance abuse?  
Please Specify:**

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**Any arrests or incarcerations? When and Why.**

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**Currently on probation or parole? If yes, specify the duration for probation/parole.**

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**Have you served in the military?**    No    Yes

If yes, then Years Served                    : \_\_\_\_\_

Type of discharge                                : \_\_\_\_\_

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**Pharmacy Name**                                : \_\_\_\_\_

**Address/City**                                    : \_\_\_\_\_

**Phone**    : \_\_\_\_\_                                **Zip Code**                                : \_\_\_\_\_

**Medication List** (medications you are currently taking):

**Name of Medication**                                **Dosage**                                **Frequency**

(eg: Zoloft, Lisinopril)    (eg: 50mg or 10ml)    (eg: once a day, twice a day, etc)

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