

INTEGRATION MENTAL HEALTH: NEW CLIENT INTAKE FORM

Name:

DOB:

Preferred Name:

Pronouns:

Race:

Referred by:

Primary Issues for Treatment (in order of priority):

- 1.
- 2.
- 3.

Are you on any special diet, if so, please describe:

Number of caffeinated beverages you consumer per day (coffee, soda, tea, energy drinks):

Current or past tobacco use (please specify type) and quantity per day for how many years:

Marijuana and / or CBD use and how often/ how many years:

Alcohol consumption, including number of drinks per day/week/month you typically consume and maximal intake in the past 3 months/ maximal consumption in a 24 hour period:

Other past/ current recreational drug experimentation or use:

Any history of abusing prescription medications? If so, please specify:

Any past treatment for alcohol and/ or recreational drugs, if so, when/ where:

Any current concerns about environmental toxins/ exposures? If yes, please describe:

Please check any recent symptoms:

- Depressed mood
- Loss of interest in activities
- Excessive guilt
- Feelings of worthlessness
- Hopelessness
- Recurrent thoughts of death/ thinking about suicide

- Suicide attempt(s)
- Cutting or self harm behaviors
- Moving slower usual/ Decreased energy / Fatigue

- Moving faster than usual
- Decreased concentration / Distractibility
- Increased appetite / Unintentional weight gain

- Decreased appetite/ Unintentional weight loss

- Sleeping too much
- Difficulty falling or staying asleep
- Increased irritability

- Feeling nervous / On edge

- Muscle tension
- Panic attacks
- Excessive energy

- Fear of embarrassment

- Decreased need for sleep

- Sexual indiscretion

- Excessive spending
- Increased risky behaviors

- Impulsivity
- Delusions

- Rituals

- Binging on food Inducing vomiting

- Restricting calories
- Thoughts of hurting or killing others
- Hallucinations

- Paranoia
- Nightmares

- Flashbacks
- Chronic feelings of emptiness
- Fear of abandonment
- Unstable friendships
- Fear of social situations

ALLERGIES:

MEDICATIONS/VITAMINS/SUPPLEMENTS/DOSES/ START DATES:

CURRENT MEDICAL PROBLEMS:

Do you have a history of the following:

- Anemia
- Asthma
- Cancer
- Cardiac issues
- Chronic pain
- Dementia/ Cognitive impairment
- Diabetes
- Eating disorder
- Gastrointestinal problems
- Glaucoma
- Hormonal issues

Head injury/ Concussion Heart murmur
 High blood pressure
 High cholesterol

HIV + / AIDS
 Kidney problems Liver problems

Snoring
 Stroke
 Thyroid disease

Urological problems

Low blood pressure
 Sleep apnea
 Neurological problems
 Seizures
 Lung disease
 Other:

Surgeries?, If Yes, please specify type(s) and year(s):

In patient psychiatric hospitalizations?, If Yes, please specify where, when, why:

Date (approximate) of last physical: Were there any problems? Are you sexually active?
Females, contraception use/ any chance you may be pregnant?

Are you planning to become pregnant?

Past psychiatric diagnoses/ symptom onset/ treatment(s):

PREVIOUS PSYCHIATRIC MEDICATION TRIALS:

Antidepressants:

- Prozac (fluoxetine). Zoloft (sertraline)
- Celexa (citalopram). Lexapro (escitalopram)

- Luvox (fluvoxamine) Paxil (paroxetine)
- Effexor (venlafaxine). Pristiq (desvenlafaxine)

- Cymbalta (duloxetine)
- Wellbutrin (bupropion)
- Viibryd (vilazodone)
- Fetzima (levomilnacipran)

- Trintellix (vortioxetine)
- Remeron (mirtazapine)

- Trazodone
- Serzone (nefazodone)
- Anafranil (clomipramine) Pamelor (nortriptyline)
- Elavil (amitriptyline). Asendin (doxepin)
- Ludiomil (maprotiline). Norpramin (desipramine)

- Surmontil (trimipramine) Vivactil (protriptyline)
- EMSAM

- Ketamine

Sleep agents:

- Rozerem (ramelteon) Melatonin
- Trazodone. Remeron (mirtazapine)
- Doxepin/ Silenor

- Ambient (temazepam) Lunesta (eszopiclone) Sonata (zaleplon)

- Halcion (triazolam) Restoril (temazepam)

- Belsomra (survorexant) Dayvigo (lemborexant)

- Quviviq (daridorexant)

ADHD Medications:

- Adderall (amphetamine)
- Vyvanse (lisdexamfetamine)
- Dexedrine (dexamphetamine)
- Ritalin / Concerta (methylphenidate) Focalin(dexmethylphenidate)
- Strattera (atomoxetine)
- Clonidine

- Guanfacine
- Provigil (modafanil)
- Nuvigil (armodafanil)

Any current concerns about environmental toxins/ exposures? If yes, please describe:

Anti-anxiety Medications:

- Buspar (buspirone)

- Vistaril/Atarax (hydroxyzine) Xanax (alprazolam)
- Ativan (lorazepam)
- Klonopin (clonazepam) Valium (diazepam)

Anticonvulsants/ Mood Stabilizers:

- Lithium
- Lamictal (lamotrigine) Tegretol (carbamazepine) Trileptal (oxcarbazepine)
 - Depakote (valproic acid)

 - Neurontin (gabapentin) Lyrica (pregabalin)
 - Topamax (topiramate)

Antipsychotic Medications:

- Seroquel (quetiapine) Zyprexa (olanzapine)
- Risperdal (risperidone) Invega (paliperidone)
- Geodon (ziprasidone) Abilify (aripiprazole)
- Rexulti (brexpiprazole) Latuda (lurasidone)
- Vraylar (cariprazine) Caplyta (lumateperone)

- Clozaril (clozapine)
- Haldol (haloperidol)

Others:

PCP (Primary Care Provider):

Therapist:

Past Psychiatric Providers:

FAMILY PSYCHIATRIC HISTORY: (Schizophrenia, Bipolar, Depression, Anxiety, ADHD, Aspergers/Autism Spectrum, Other)-Please include medications to treat family members

Mother:

Father:

Siblings:

Extended relatives (grandmothers/ grandfathers/ aunts/uncles/cousins):

Suicides?

Were you adopted?

DEVELOPMENTAL HISTORY:

When your mother was pregnant with you did she have any complications/ Were you born early/late?

Did you meet your developmental milestones on time (walking/talking)?

SOCIAL:

Where were you born and raised?

Did your parents divorce? If so, how old were you?

Overall, how would you describe you childhood:

Describe your relationship with your mother:

Describe your relationship with your father:

Do you have a history of being abused (physically, emotionally, sexually) or being neglected? If so, by whom and at what ages?

Do you have a history of trauma in your life that may be causing current symptoms (assault, car accident, natural disaster, etc)?

What is your highest level of education/degree and did you graduate high school? If not, did you obtain your GED?

Were you ever in any sort of special education classes:

Occupation:

Do you work from home?

Do you like your job and coworkers?

Legal Problems:

Are you currently in a relationship? If yes, please describe:

Children? If yes, names, ages:

Who do you live with (animals may be included) ?

Who do you turn to for emotional support?

Any spiritual or religious affiliation? If yes, what is your level of involvement?

What do you enjoy doing?

Do you exercise? If yes, what types and how often:

Do you practice yoga? If yes, how often:

Do you meditate? If yes, how often:

Do you engage in other wellness activities? If yes, please describe:

Goals for treatment:

Is there anything else you would like me to know?