Mid Cities Psychiatry

Patient Information

Name DOB Date

Height Weight B/P Pulse

Referral Source/Name	☐ Therapist	☐ PCP	☐ Family Member/Friend	☐ Other

Reason for Visit

Medical History (*seizure disorders, diabetes, heart problems etc.)*

Psychiatric History: *(Please list any psychiatric or learning disorders including ADHD, Alzheimer's, dyslexia, depression, anxiety, eating disorders, manic depression, substance abuse)*

Family Psychiatric History

Mother	Father
Brothers	Sisters
Paternal Grandmother	Paternal Grandfather
Maternal Grandmother	Maternal Grandfather

Patient's Current Medication **(please *attach list if any*)**

Medinations	**Dose**	**Start / End Date**	**Side Effects**	**Directions**
Anti-Depressant	**Dose**	**Start / End Date**	**Side Effects**	**Directions**

Medication Allergies:

Pharmacy City/ST/Phone

Surgical History	

Mid Cities Psychiatry

Hospitalized	

Patient's Social History	Single ☐	Married ☐	Widowed ☐
	Separated ☐	Divorced ☐	Spouse ☐

# of Children (boys/girls ages)	
Remarks	

Alcohol	Alcoholic ☐	Recovering Alcoholic ☐	Non Drinker ☐	Social Drinker ☐

Smoking	Current Every Day smoker ☐	Never Smoker ☐	Smoker (Current status unknown) ☐
	Current Some Day Smoker ☐	Former Smoker ☐	Unknown if ever smoked ☐

Employment	Employed ☐	Occupation ☐	Disabled ☐
	Unemployed ☐	Retired ☐	Other ☐

Substances Used:

No History of Drug Abuse ☐	Marijuana ☐	LSD ☐	Ketamine ☐

Stimulants

Cocaine ☐	Caffeine ☐	Nicotine ☐	Amphetamine ☐	Ecstasy ☐
Crack ☐	Halcion ☐	Inhalants ☐	Methamphetamine ☐	Other ☐

Depressants	Alcohol ☐	Barbiturates ☐

Tranquilizers	Valium/Ativan ☐	Rohypnol ☐	Librium ☐	Xanax ☐

Opiates	Heroin ☐	Methadone ☐	Percodan, Perocet, Oxycontin, Darvocet,Darvon ☐