



4545 Sweetwater Blvd  
 Sugar Land, Texas 77479

[www.tmsserenitycenter.com](http://www.tmsserenitycenter.com)

P: 281-240-4322  
 F: 281-240-7017

**NEW PATIENT REGISTRATION**

**PATIENT INFORMATION**

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number  Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_  OK to communicate via email  
 Marital Status  Single  Married  Divorced  Widowed  Separated  Living cooperatively  
 Never Married  
 Spouse Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
 If married, describe your relationship \_\_\_\_\_  
 \_\_\_\_\_

If more than one marriage, why did it end \_\_\_\_\_  
 \_\_\_\_\_

Children:	Date of Birth:
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____
5) _____	5) _____

**IN CASE OF EMERGENCY**

Name of local friend or relative (not living at same address) \_\_\_\_\_  
 Relationship to patient \_\_\_\_\_  
 Phone#:  Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

**TREATING PSYCHIATRIST INFORMATION**

Patient Treating Psychiatrist: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tel.# \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

**TREATING PRIMARY CARE PHYSICIAN INFORMATION**

Patient Treating Psychiatrist: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tel.# \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

Have you ever seen a therapist or doctor for emotional, mental health or substance abuse difficulties? Yes No  
When \_\_\_\_\_ How often \_\_\_\_\_  
Who is your therapist? (if applicable) \_\_\_\_\_  
What types of therapy have you received?  CBT  EMDR  Individual Therapy  Marital Therapy  Psychotherapy  
 Other (Please indicate type) \_\_\_\_\_ Duration of therapy \_\_\_\_\_

Do you see other doctor(s)  No  Yes

If yes, write name and specialty \_\_\_\_\_

**REFERRED BY:**

Family \_\_\_\_\_

Other MD \_\_\_\_\_

Therapist \_\_\_\_\_

Friend \_\_\_\_\_

Internet \_\_\_\_\_

Website \_\_\_\_\_

Other \_\_\_\_\_

**EDUCATION HISTORY**

Have not graduated high school

Graduated 4-year college

Graduated high school or high school equivalent

Part graduate/professional school

Part College

Masters degree

Graduated 2-year college

Complete graduate/professional school

Did you have to attend any special education classes:  Yes  No

If yes, indicate why \_\_\_\_\_

Did you have to repeat any grades in school:  Yes  No

If yes, what grades and why e.g.: academic or behavioral problems \_\_\_\_\_

Did you have any disciplinary problems in school:  Yes  No

If yes, please describe \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation of spouse \_\_\_\_\_

**FAMILY HISTORY**

Were you adopted:  Yes  No

Were you raised by both parents:  Yes  No

If no, please describe the reason e.g.: divorce, death and at what age happened: \_\_\_\_\_

Please describe your father and your relationship with him \_\_\_\_\_

Please describe your mother and your relationship with her \_\_\_\_\_

Do you have brothers and sisters:  Yes  No

If yes, please list their names and their age \_\_\_\_\_

Do you take any medications, including birth control pills, vitamins and nonprescription drugs:

No  Yes  Which medications and dosages

\_\_\_\_\_

\_\_\_\_\_

**Medication Allergies**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Females –**

**Contraceptive and Menstrual History**

Using any form of birth control?

Yes

No

Using an oral contraceptive?

Yes

No

If using oral contraceptive, how does it affect your mood?

Improve

Worsen

No change

**Periods**

Regular

Irregular

Do your moods, depression, irritability change with period?

Yes

No

	Yes	No
Have you ever attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
How many times _____		
Do you have thoughts of suicide now?	<input type="checkbox"/>	<input type="checkbox"/>
Arrests/Convictions	<input type="checkbox"/>	<input type="checkbox"/>
If yes, why/when _____		
Have you been a victim of physical abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been a victim of sexual abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been a victim of emotional abuse?	<input type="checkbox"/>	<input type="checkbox"/>
If abused, what age and by whom? _____		

Number of depressive episodes :     0     1 - 3     4 - 6     6+

Average duration of each depressive episode:     days     weeks     months

Have you ever been hospitalized for depression?     Yes     No

Number of manic episodes:     0     1 - 3     4 - 6     6+

Average duration of each depressive episode:     days     weeks     months

Have you ever been hospitalized for Mania?     Yes     No

Please indicate which of the following medications you have taken or are presently taking by marking the circle. Also indicate whether you responded to that medication. <b>Current</b>		DURATION				RESPONSE		
		DYS	WKS	MOS	YRS	YES	NO	PARTIAL
<input type="radio"/>	fluoxetine - Prozac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	fluoxetine - Sarafem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Vilazodone – Viibryd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	sertraline - Zoloft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	escitalopram - Lexapro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	fluvoxamine - Luvox/LuvoxCR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	paroxetine - Paxil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	citalopram - Celexa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	amitriptyline - Elavil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	impramine - Tofranil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	doxepin - Sinequan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	nortriptyline - Pamelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	desipramine - Norpramin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	nefazodone - Serzone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	trazodone - Desyrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	phenelzine - Nardil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	isocarboxazid - Marplan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	selegiline - Emsam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	tranylcypromine - Parnate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	bupropion - Aplenzin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	mirtazapine - Remeron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	bupropion - Wellbutrin SR/XL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	venlafaxine - Effexor, Effexor XR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	desvenlafaxine-Pristiq	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	duloxetine - Cymbalta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	L- methylfolate-Deplin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	haloperidol - Haldol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	risperidone - Risperdal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	olanzapine - Zyprexa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	quetiapine Seroquel/SeroquelXr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	clozapine - Clozaril	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	iloperidone-Fanapt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	ziprasidone - Geodon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	aripiprazole - Abilify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	fluoxetine/olanzapine - Symbyax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	asenapine- Saphris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	luresidone – Latuda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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		DYS	WKS	MOS	YRS	YES	NO	PARTIAL
<input type="radio"/>	paliperdone - Invega	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	benztopine - Cogentin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	hydroxyzine - Vistaril	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	amphetamine – Vynanse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	amphetamine – Adderall/XR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	methylphenidate - Ritalin SR/LA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	methylphenidate - Concerta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	methylphenidate - Metadate CD/ER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	methylphenidate – daytrana patch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	pemoline - Cylert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	dexmethylphenidate - Focalin / XR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	dextroamphetamine - Dexedrine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	dexmethylphenidate - Spansule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	modafinil - Provigil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	armodafinic-Nuvigil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	atomoxetine - Strattera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	guanfacine- Intuniv	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	lithium - Lithium Carbonate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	lithium - Eskalith / CR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	lamotrigine - Lamictal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	carbamazepine - Tegretol / XR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	carbamazepine - Carbatrol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	carbamazepine - Equetro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	oxcarbazepine - Trileptal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	valproic acid - Depakote / ER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	gabapentin - Neurontin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	tiagabine HCL - Gabitril	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	levetiracetam - Keppra	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	pregabalin - Lyrica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	bupirone - Buspar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	clonazepam - Klonopin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	alprazolam - Xanax / XR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	alprazolam - Niravam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	lorazepam - Ativan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	diazepam - Valium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	zaleplon - Sonata	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	zolpidem - Ambien / CR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	eszopiclone - Lunesta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	zolpiden sr - Intermezzo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate if you are experiencing the symptoms listed below and/or have in the past:	Current Past	Current Only	Past Only	Never
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Periods of recurrent intense fear with sudden onset of physical symptoms (i.e. sweating, shortness of breath, heart racing) for no apparent reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Period of <u>at least 2 weeks</u> when experienced <u>several</u> of the following: sad mood, unable to enjoy activities, change in weight, sleep too much or not enough, low energy, difficulty concentrating, and wishing you were dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Period of <u>at least 1 week</u> when experienced <u>several</u> of the following: elevated or irritable mood, feel like you can accomplish anything, decreased need for sleep, talking fast, thoughts coming so fast difficult to keep up with them, distractible, and involved in activities that could get you in trouble (i.e. reckless driving, spending lots of money).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Recurrent and persistent thoughts which are intrusive (I.e. did I lock the door?) causing marked anxiety followed by repetitive behavior (I.e. checking to see if doors are locked).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Excessive worry/anxiety occurring most days about a number of activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Inattention and/or hyperactivity-impulsivity present before age 7 resulting in difficulty at school and home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Have you experienced sadness or irritable/elevated mood causing significant impairment in social, occupational, or other mode of functioning as a direct consequence of:	<u>Y</u>	<u>N</u>	
	Menstruation	<input type="radio"/>	<input type="radio"/>
	Pregnancy	<input type="radio"/>	<input type="radio"/>
	Death of loved one	<input type="radio"/>	<input type="radio"/>
	Drug/alcohol/medication	<input type="radio"/>	<input type="radio"/>
	Change of season	<input type="radio"/>	<input type="radio"/>
	Identifiable stress	<input type="radio"/>	<input type="radio"/>
Relationship issues	<input type="radio"/>	<input type="radio"/>	

**Indicate which of the following you have had or have at present  
by marking the "Y" Yes box, or the "N" No Box.**

Heart Surgery or Disease	<input type="checkbox"/> Y	<input type="checkbox"/> N	Anemia	<input type="checkbox"/> Y	<input type="checkbox"/> N
Chest Pain	<input type="checkbox"/> Y	<input type="checkbox"/> N	Tumors/Cancer	<input type="checkbox"/> Y	<input type="checkbox"/> N
High Blood Pressure	<input type="checkbox"/> Y	<input type="checkbox"/> N	H.I.V. Positive	<input type="checkbox"/> Y	<input type="checkbox"/> N
Stroke	<input type="checkbox"/> Y	<input type="checkbox"/> N	Liver Disease	<input type="checkbox"/> Y	<input type="checkbox"/> N
Diabetes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Neurological Disorders	<input type="checkbox"/> Y	<input type="checkbox"/> N
Thyroid Problem	<input type="checkbox"/> Y	<input type="checkbox"/> N	Epilepsy or Seizures	<input type="checkbox"/> Y	<input type="checkbox"/> N
Head Injury	<input type="checkbox"/> Y	<input type="checkbox"/> N	Lung Problems	<input type="checkbox"/> Y	<input type="checkbox"/> N

Have you had any surgeries: Yes No

If yes, identify: \_\_\_\_\_  
\_\_\_\_\_

**Please indicate if there is a history of mental illness in your family.**

**Depression**

- Yes, immediate family
- Yes, distant family
- Both (immediate & distant)
- No

**Manic-Depression**

- Yes, immediate family
- Yes, distant family
- Both (immediate & distant)
- No

**Suicide**

- Yes, immediate family
- Yes, distant family
- Both (immediate & distant)
- No

**Alcoholism**

- Yes, immediate family
- Yes, distant family
- Both (immediate & distant)
- No

**Schizophrenia**

- Yes, immediate family
- Yes, distant family
- Both (immediate & distant)
- No

**Panic Disorder/Anxiety**

- Yes, immediate family
- Yes, distant family
- Both (immediate & distant)
- No

**Obsessive Compulsive Disorder Drug abuse (other than alcohol)**

- Yes, immediate family
- Yes, distant family
- Both (immediate & distant)
- No

- Yes, immediate family
- Yes, distant family
- Both (immediate & distant)
- No

**ADHD**

- Yes, immediate family
- Yes, distant family
- Both (immediate & distant)
- No

Has your mood disorder or medication side effects impacted your relationships (spouse, children, friends), work or school, quality of life or lifestyle?

What goals do you have for the future and is your mood disorder impairing your ability to accomplish these?

How many caffeinated beverages do you drink per day (coffee, tea, cola, etc.)? \_\_\_\_\_

How many alcoholic beverages do you drink per week? \_\_\_\_\_

If drinking, what age did you have your first drink? \_\_\_\_\_

Do you feel that your drinking ever became a problem? Yes No

If yes, at what age and how much were you drinking at its highest? \_\_\_\_\_

**For each drug, please indicate your average level of use and duration whether in past or present.**

<p><b>Marijuana</b></p> <p><input type="radio"/> no use</p> <p><input type="radio"/> under once a month</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> daily</p>	<p><b>Heroin/Opiates</b></p> <p><input type="radio"/> no use</p> <p><input type="radio"/> under once a month</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> daily</p>
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<p><b>Amphetamine/Speed</b></p> <p><input type="radio"/> no use</p> <p><input type="radio"/> under once a month</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> daily</p>	<p><b>PCP</b></p> <p><input type="radio"/> no use</p> <p><input type="radio"/> under once a month</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> daily</p>
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<p><b>LSD/Hallucinogens</b></p> <p><input type="radio"/> no use</p> <p><input type="radio"/> under once a month</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> daily</p>	<p><b>Cocaine/Crack</b></p> <p><input type="radio"/> no use</p> <p><input type="radio"/> under once a month</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> daily</p>
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<p><b>Barbiturates/Sedatives</b></p> <p><input type="radio"/> no use</p> <p><input type="radio"/> under once a month</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> daily</p>	<p>Have you ever been treated for substance abuse, detox, or had problems with alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when and where? _____</p>
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<p>Smoker <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Chew Tobacco <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>If you are a smoker:</p> <p>How long: _____ years</p> <p>_____ Packs/day</p>
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