

**Intake Form for New Patient Appointment with Dr. Timothy Lee**

Hello, I look forward to meeting with you! Obviously, we can’t cover everything important about you in the 50 minutes allotted for your first appointment. I want to value your time. If you can take the extra time to fill out this form and send it to me before your first appointment, that allows me to use more of your time to focus on better understanding you and your needs. If you don’t want to fill it out beforehand, or don’t have time to, no worries! We’ll go over as much of this information as we can during your first appointment.

Sign here if you permit me to put a copy of this document in your medical record:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Seeking Care**

In 1-3 sentences, summarize what is the reason that you are seeking care.

What do you want to make sure we accomplish before the end of your first appointment?

Are you concerned about depression? If so, please answer the following:

Current episode:

When did it start?

Are there any possible stressors or anniversaries of losses; or changes in your

physical health, any medications, supplements, or substance use?

What has your sleep been like during this episode?

What has your appetite been like during this episode?

What has your concentration level been like during this episode?

What has your energy level been like during this episode?

Have you been feeling like your body is moving slower than normal?

Have you been feeling hyperactive, restless, or unable to relax or stay still?

Are you still participating at the same level and enjoying your hobbies/interests?

Do you have anything you’ve been feeling guilty about? If so, please describe it.

Have you had any wishes that you weren’t alive? If so, please answer all of the

following questions:

How often, and how much of each day are you having suicidal thoughts?

Have you thought of specific ways that you could kill yourself?

Have you taken steps towards acquiring what you would use to kill

yourself?

Have you come close to attempting to kill yourself? When was last time?

Have you attempted to kill yourself? When was last time?

History

When in your life did you start experiencing depression?

Are there any possible stressors or anniversaries of losses; or changes in your

physical health, any medications, supplements, or substance use that started it?

Are you concerned about bipolar? If so, please answer the following:

Current episode:

When did it start?

Are there any possible stressors or anniversaries of losses; or changes in your

physical health, any medications, supplements, or substance use?

Have you been feeling good for no reason? Do others that know you think that

you’re acting “too happy” (like you’re high on drugs even though you’re

not using)?

What has your sleep been like during this episode? If you haven’t been sleeping

when you usually do, what have you been doing during that time?

Have you been talking faster than you normally do?

What has your concentration level been like during this episode?

Have you been having racing thoughts, or inability to stay focused on one thing

at a time?

What is the most reckless/impulsive/regrettable thing you’ve during this episode?

Are you thinking of accomplishing things that you wouldn’t normally think to do?

Do you have new abilities that you didn’t have before in a state like this?

Have you had any wishes that you weren’t alive? If so, please answer all of the

following questions:

How often, and how much of each day are you having suicidal thoughts?

Have you thought of specific ways that you could kill yourself?

Have you taken steps towards acquiring what you would use to kill

yourself?

Have you come close to attempting to kill yourself? When was last time?

Have you attempted to kill yourself? When was last time?

History

When in your life did you start experiencing bipolar?

Are there any possible stressors or anniversaries of losses; or changes in your

physical health, any medications, supplements, or substance use that started it?

Are you concerned about anxiety? If so, please answer the following:

Current episode:

When did it start?

Are there any possible stressors or anniversaries of losses; or changes in your

physical health, any medications, supplements, or substance use?

Do you feel like even when your life is relatively calm/good, that you still worry?

Have you ever experienced a traumatic event where your safety or the safety of

someone else was threatened? If so, please answer the following:

Do you have recurring dreams about the event? How often?

When you are awake, do you ever have recurring memories of the event

that are so vivid you lose track of the present reality?

Are there things, places, or subject matter that you avoid?

Are you more easily startled than you used to be before anxiety started?

In public, do you feel uncomfortable having people sitting behind you?

Do you expect you will die at a certain age younger than people like you?

Do you have recurring intrusive thoughts that you repeatedly do certain things to

get them to stop?

Have you had any wishes that you weren’t alive? If so, please answer all of the

following questions:

How often, and how much of each day are you having suicidal thoughts?

Have you thought of specific ways that you could kill yourself?

Have you taken steps towards acquiring what you would use to kill

yourself?

Have you come close to attempting to kill yourself? When was last time?

Have you attempted to kill yourself? When was last time?

History

When in your life did you start experiencing anxiety?

Are there any possible stressors or anniversaries of losses; or changes in your

physical health, any medications, supplements, or substance use that started it?

Are you or your loved ones concerned about psychosis? If so, please answer the following:

Current episode:

When did it start?

Are there any possible stressors or anniversaries of losses; or changes in your

physical health, any medications, supplements, or substance use?

Have you felt so bad that you started hearing things that you couldn’t explain, or

that others couldn’t hear?

Have you felt so bad that you started seeing things that you couldn’t explain, or

that others couldn’t hear?

Do you have fears or beliefs that others around you are unsure about?

Have you had any wishes that you weren’t alive? If so, please answer all of the

following questions:

How often, and how much of each day are you having suicidal thoughts?

Have you thought of specific ways that you could kill yourself?

Have you taken steps towards acquiring what you would use to kill

yourself?

Have you come close to attempting to kill yourself? When was last time?

Have you attempted to kill yourself? When was last time?

History

When in your life did you start experiencing psychosis?

Are there any possible stressors or anniversaries of losses; or changes in your

physical health, any medications, supplements, or substance use that started it?

Are you or your loved ones concerned about memory problems? If so, please answer the following:

Current episode:

When did it start?

Are there any possible stressors or anniversaries of losses; or changes in your

physical health, any medications, supplements, or substance use?

Do you have any family members who had memory problems?

What are common examples of things you have trouble remembering?

Do you have multiple instances of going into a room and forgetting what you

were going to do there?

Have you ever forgotten where you are?

What’s the most distressing example of a time you forgot something?

Have you felt so bad that you started hearing things that you couldn’t explain, or

that others couldn’t hear?

Have you felt so bad that you started seeing things that you couldn’t explain, or

that others couldn’t hear?

Do you have fears or beliefs that others around you are unsure about?

Have you had any wishes that you weren’t alive? If so, please answer all of the

following questions:

How often, and how much of each day are you having suicidal thoughts?

Have you thought of specific ways that you could kill yourself?

Have you taken steps towards acquiring what you would use to kill

yourself?

Have you come close to attempting to kill yourself? When was last time?

Have you attempted to kill yourself? When was last time?

History

When in your life did you start experiencing memory problems?

Are there any possible stressors or anniversaries of losses; or changes in your

physical health, any medications, supplements, or substance use that started it?

**Substance use history**

Tobacco? If so:

When did you start?

When did you last use?

How often have you been using in the past month?

Typically, how much at a time?

At your heaviest use, how much and how often were you using?

Alcohol? If so:

When did you start?

When did you last use?

How often have you been using in the past month?

Typically, how much at a time?

At your heaviest use, how much and how often were you using?

Have you ever had a seizure coming off of alcohol?

Have you ever had hallucinations coming off of alcohol?

Have you ever had any legal, work, or relational consequences from alcohol?

Marijuana? If so:

When did you start?

When did you last use?

How often have you been using in the past month?

Typically, how much at a time?

At your heaviest use, how much and how often were you using?

Have you ever had any legal, work, or relational consequences from use?

Other drugs or supplements? If so, fill out the following questions for each substance:

When did you start?

When did you last use?

How often have you been using in the past month?

Typically, how much at a time?

At your heaviest use, how much and how often were you using?

Have you ever had any legal, work, or relational consequences from use?

**Current medications/supplements/vitamins (List all, not just for psychiatric purposes. For each, list dosages, how often you take it, how long you’ve taken it for, and any good or bad effects)**

**Any history of drug allergies:**

**Psychiatric history**

# of psychiatric hospitalizations

Reasons for hospitalization

How many in past year?

When was the first? When was the most recent?

# of suicide attempts

List age of attempt, and method for each attempt

Do you have any history of self-injurious behavior? If so, please describe

Do you have any history of behaviors due to concern about your weight or appearance?

When is the last psychiatrist you had? Why did you stop seeing them? Any bad

experiences with past psychiatrists, so I can try to avoid repeating them?

When is the talk therapist you had? Why did you stop seeing them? Any bad

experiences with past therapists, so I can try to avoid repeating them?

Medications (circle ones you’ve been on, and list approximate duration and any good or

bad effects. Don’t list ones you’re currently taking.):

fluoxetine/Prozac

sertraline/Zoloft

citalopram/Celexa

escitalopram/Lexapro

paroxetine/Paxil

fluvoxamine/Luvox

bupropion/Wellbutrin

duloxetine/Cymbalta

venlafaxine/Effexor

mirtazapine/Remeron

amitriptyline/Elavil

clomipramine

imipramine

trazodone

zolpidem/Ambien

diphenhydramine/Benadryl

melatonin

lorazepam/Ativan

alprazolam/Xanax

clonazepam/Klonipin

diazepam/Valium

hydroxyzine

propranolol

prazosin

amphetamines

methylphenidate/Ritalin

naltrexone

acamprosate/Campril

disulfiram/Antabuse

haloperidol/Haldol

risperidone/Risperdal

clozapine/Clozaril

olanzapine/Zyprexa

quetiapine/Seroquel

ziprasidone/Geodon

aripiprazole/Abilify

lurasidone/Latuda

lumateperone/Saphris

iloperidone/Fanapt

pimavanserin/Nuplazid

benztropine/Cogentin

lithium

valproic acid/Depakote

carbamazepine/Tegretol

oxcarbazepine/Trileptal

lamotrigine/Lamictal

other:

**Medical History**

**Family history of psychiatric, substance use, memory, or neurological problems**

**Psychosociospiritual History**

Any complications during your mother’s pregnancy with or delivery of you?

Who did you grow up with?

How many siblings do you have? Ages?

Have you ever experienced neglect, emotional abuse, physical abuse, or sexual abuse?

What’s the highest level of education you completed?

What jobs have you had? What’s the longest job you ever had?

How many times have you been married? How long? Any current significant romantic

relationships besides a spouse?

How many times have you been pregnant?

How many children do you have?

Do you have any particular spiritual or religious beliefs? If so:

What spiritual/religious group do you identify with, if any?

How would you describe your relationship with your higher power/God?

How has this relationship been affected by, or impacted your experience

of, your current concerns?

Do you have a faith community that you are a part of?