



Prospective Patient Brief Questionnaire

Patient Name: _____ Date: _____

Date of Birth: _____ Phone Number: _____

Insurance: _____

This questionnaire will help us understand your past and current mental health issues, and will guide us in how to best assist you. The information will be treated as confidential, per federal HIPAA regulations.

1. Who referred you to our practice?

2. What is the reason for currently seeking an evaluation by our practice?

3. Have you seen a psychiatrist in the past? If so, who?

4. Have you ever taken any psychiatric meds? If so, which ones?

5. Have you ever been admitted to a psychiatric hospital unit? If so, where and when?

6. Have you ever been treated in an "IOP" or "Partial Hospital"? If so, where and when?

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7. Do you have any history of self-injurious or drastic behaviors in the past?

8a. Do you have any history of alcohol, painkiller, or other substance abuse? If so, which substances and when did you last use? _____

8b. Have you ever been treated for any addiction or substance abuse issues? If so, where and when?

9. What is your current living situation? (Alone, with spouse, with friend, etc.)

10. What is your current employment situation? _____

11. Do you have any current or past legal problems, such as incarceration, probation, or DYFS involvement?

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