



## PSYCHIATRIC HISTORY CHECKLIST

Please answer each question, circling Y (yes) or N (no) as indicated.

Where were you born? \_\_\_\_\_

Since what year have you lived continuously in this area? \_\_\_\_\_

How many years of school did you complete? \_\_\_\_\_

Y N When you first started school, did you have trouble separating from your mother or discomfort at being away from home?

Y N In school, did you have more difficulty sitting still or paying attention than other kids, or were you ever diagnosed as being hyperactive or having attention-deficit disorder?

Y N Did you have any specific learning problems, such as with spelling, reading, math, or speech; were you labeled a slow learner; or were you placed in special classes?

Y N As a child, did you frequently wet your bed after age 5?

Y N Were you ever the victim of physical or sexual child abuse; violent crime; sexual assault, molestation, or harassment; natural disaster; motor vehicle or industrial accident; combat injury; discrimination or persecution based on gender, race, ethnicity, religion, sexual orientation, etc.? (If Yes, please circle which one(s).)

Y N Did you ever serve in the Armed Forces, active duty or reserves?

Y N If so, did you receive a service-connected disability rating?

Y N Have you ever assaulted anyone or been in jail?

Y N Have you ever attempted suicide or harmed yourself on purpose without intending suicide, such as to get a sense of relief or someone's attention?

How often do you gamble (cards, casinos, racetracks, Jai Alai, etc.)? \_\_\_\_\_

What's the most you lost in one day? \_\_\_\_\_

Y N Have you ever been markedly overweight?

Y N Have you ever felt fat or tried to lose weight despite family or friends saying that you were not overweight?

Y N To lose weight, have you ever made yourself vomit or taken laxatives, diuretics (water pills), or diet pills?

Y N Have you frequently eaten large amounts of food in binges and felt guilty afterwards?

Y N If yes, did you then vomit?

Y N Have you ever had a period of confusion, for example while hospitalized or ill, during which you became confused and lost track of where you were or what day it was or could not recognize people you knew?

Y N Do you often forget where you put things, have trouble finding your way home, or forget what people tell you unless you write it down?

- Y N Have you ever before consulted a psychiatrist?
- Y N Have you ever consulted a psychologist, social worker, or any other type of therapist?
- Y N Have you ever been hospitalized for psychiatric reasons or for detoxification?
- Y N Have you ever received shock treatments (electroconvulsive therapy)?
- Y N Have you ever felt depressed almost every day for at least two weeks?
- Y N Have you ever had a period of time lasting days to weeks when you felt clearly different than your usual self: your mood was euphoric or irritable; you felt more energetic, talkative, sociable, or creative; thoughts raced through your mind; you felt little need to sleep; you bought things without considering whether you could afford them; your sex drive was increased; and you felt you could conquer the world? (If yes, please circle which one(s).)
- Y N Have you ever had compulsions (repetitive seemingly purposeful but unnecessary behaviors such as checking the doors several times before leaving home, frequent handwashing, counting things repeatedly, etc.)?
- Y N Have you ever had sudden attacks of anxiety or nervousness?
- Y N Have you ever had phobias (fears of specific situations or things such as heights, enclosed places, open places, driving, flying, roaches, etc.)?
- Y N Do you become so anxious in social situations or when called upon to talk or perform that you have difficulty speaking or performing?
- Y N Have you frequently found yourself in places without knowing how you got there, found personal belongings in places you did not recall having placed them, been greeted by people who seemed to know you but you did not know them, or been unable to account for what you had been doing for some period of time? (If yes, please circle which one(s).)
- Y N While you were fully awake, have you ever heard voices talking to you or about you that did not come from anyone near you?
- Y N Have you ever seen things, such as faces, animals, or ghosts, that other people could not see?
- Y N Have you ever tasted or smelled things or felt things touching you or crawling on you when nothing was there?
- Y N When you were in public, have you often felt that people were watching you, following you, talking about you, reading your mind, putting thoughts into your mind, trying to hurt or control you in some way, or plotting against you?
- Y N Has it often happened that things you've seen appeared larger, smaller, closer, or farther away than you knew them to be?
- Y N In unfamiliar places, have you often felt that you've been there before, or have familiar places often seemed strange, different, or unfamiliar?
- Y N Have you ever injected anything into your veins?

How many cups, glasses, or cans of beverages containing caffeine (coffee, tea, colas) do you drink in a day? \_\_\_\_\_

Please circle each of the following that you ever took, even once:

**Antipsychotics/neuroleptics/major tranquilizers/anti-Parkinsonians**

Thorazine/chlorpromazine	Mellaril/thioridazine	Serentil/mesoridazine
Trilafon/perphenazine	Stelazine/trifluoperazine	Prolixin/fluphenazine
Compazine/prochlorperazine	Torecan/Norzine/thiethylperazine	
Haldol/haloperidol	Orap/Pimozide	
Navane/thiothixene	Taractan/chlorprothixene	
Moban/molindone	Loxitane/loxapine	
Risperdal/risperidone	Clozaril/Clozapine	
Seroquel/quetiapine	Geodon/ziprasidone	
Artane/trihexyphenidyl	Cogentin/benzotropine	

**Antidepressants/mood elevators**

Elavil/Endep/amitriptyline	Pamelor/Aventyl/nortriptyline	Sinequan/Adapin/doxepin
Tofranil/imipramine	Norpramin/desipramine	Vivactil/protriptyline
Triavil/Etrafon	Limbitrol	Symbyax
Surmontil/trimipramine	Anafranil/clomipramine	Asenden/amoxapine
Ludiomil/maprotiline	Desyrel/trazodone	Serzone/nefazodone
Prozac/Sarafem/fluoxetine	Zoloft/sertraline	Paxil/Pexeva/paroxetine
Luvox/fluvoxamine	Celexa/citalopram	Lexapro/escitalopram
Effexor/venlafaxine	Wellbutrin/Zyban/bupropion	Remeron/mirtazapine
Nardil/phenezine	Parnate/tranlycypromine	Marplan/isocarboxazid
Eldepryl/deprenyl/selegiline	Moclobemide	Cymbalta/duloxetine

**Mood stabilizers and anticonvulsants**

Lithium/Eskalith/Lithobid	Depakote/Depakene/valproic acid	Lamictal/lamotrigine
Tegretol/Epitol/Equetro/carbamazepine		Trileptal/oxcarbazepine
Neurontin/gabapentin	Topamax/topiramate	

**Anxiolytics/minor tranquilizers/sleeping pills**

Valium/diazepam	Librium/chlordiazepoxide	Tranxene/clorazepate
Paxipam/halazepam	Centrax/prazepam	Serax/oxazepam
Ativan/lorazepam	Xanax/alprazolam	Klonopin/clonazepam
Dalmane/flurazepam	Restoril/temazepam	Doral/quazepam
Halcion/triazolam	ProSom/estazolam	
Ambien/zolpidem	Sonata/zaleplon	Lunesta/eszopiclone
Rozerem/ramelteon	BuSpar/buspirone	

**Other psychoactive substances**

Alcohol	Marijuana/grass/pot/weed/hash/reefer	Ecstasy/MDMA
LSD Mescaline Peyote	Psilocybin/mushrooms	DMT STP PCP
Amphetamines/speed/diet pills	Adderall/Adderall XR	Strattera/atomoxetine
Ritalin/Concerta/Metadate/Methylin/methylphenidate		Focalin/dexmethylphenidate
Cocaine/crack	Cylert/pemoline	Provigil/modafinil
Tobacco	Glue/other volatile inhalants	Heroin/other opiates
Quaaludes Barbiturates	Other downers	
Aricept/donepezil	Exelon/rivastigmine	Reminyl/galantamine
Namenda/memantine		

ON THE BACK OF THIS PAGE, PLEASE list the name(s) and relationship to you of any blood relatives who have suffered from or been treated for mental/emotional/psychological problems, including depression, nervousness, suicide or suicide attempts, alcoholism, drug abuse, schizophrenia, phobias, etc., or from neurological or unusual diseases.

## MEDICAL HISTORY/REVIEW OF SYSTEMS CHECKLIST

Please circle each item you have had:

Head injury	Seizure/convulsion	Loss of consciousness	Stroke
Recurrent headache	Encephalitis	Meningitis	Dizziness
Weakness	Numbness or tingling	Other neurological disorder (specify):	
Glaucoma	Cataract	Loss of vision	Retina/macular disease
Hearing loss	Tinnitus/persistent ringing in the ears		
Itching	Psoriasis	Other persistent rash (specify):	
Arthritis	Lupus	Fibromyalgia	Back problems
Osteoporosis			
Asthma	Emphysema	Chronic bronchitis	Pulmonary embolus
Wheezing	Shortness of breath	Other lung disease (specify):	
High blood pressure	Low blood pressure	Fainting spells	Rheumatic fever
Heart murmur	Mitral valve prolapse	Congestive heart failure	
Angina/chest pain	Heart attack	Endocarditis (heart valve infection)	
Abnormal heart beat/arrhythmia		Pacemaker insertion	High cholesterol/triglycerides
Other heart problem (specify):			
Esophageal spasm	Peptic/duodenal ulcer	Irritable bowel	Persistent constipation/diarrhea
Crohn's disease	Ulcerative colitis	Diverticulosis	Diverticulitis
Pancreatitis	Hepatitis	Jaundice	Gallstones
Abdominal pains	Persistent nausea/vomiting    Other stomach or intestinal problem (specify):		
Kidney failure	Kidney stones	Recurrent urinary infections	
Urinary blockage	Incontinence	Other bladder or kidney problem (specify)	
Diabetes	Hypoglycemia	Thyroid problems	Infertility
Anemia	Bleeding tendency	Porphyria	
Cancer (what part of your body?):			
Positive HIV test	Herpes	Syphilis	Mononucleosis
Malaria	TB	Lyme disease	
Other infectious disease:			
Poisoning	Traumatic injury		
Men only:	Prostate problems	Vasectomy	
Women only:	# of pregnancies _____	# of Caesarean sections _____	
	# of abortions _____	Stillbirths _____	Miscarriages _____
	D & C	Hysterectomy	Tubal ligation
	Ovary removed	Breast surgery	
Surgery:	Tonsils Adenoids	Appendix	Gallbladder
	Hernia	Hemorrhoids	Abdominal
	Heart	Other (specify):	

Allergies to medications: \_\_\_\_\_ None: \_\_\_\_\_