

Patient Registration Form

Date of Appointment: _____

Patient Information

Patient's First Name		Middle Name	Last Name (as it appears on insurance card or ID)		
Sex	Marital Status	Date of Birth (Age)		Social Security Number	
Patient's Address			City	State	Zip
Home Phone		Mobile Phone		Email Address	
Referred by		Primary Care Physician		Primary Care Physician Phone	
Pharmacy	Pharmacy Phone		Pharmacy Address		

Patient Employer/School Information

Employer/School		Occupation	Employer/School Phone		
Employer/School Address			City	State	Zip

Emergency Contact Information

Emergency Contact Name		Emergency Contact Phone	Relation to Patient		
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Billing and Insurance

Primary Health Insurance

Insurance Company		Plan			
Plan Number	Group Number	Insured's Employer/School			
Insured's Name (as it appears on insurance card or ID)		Relation to Patient		Insured's Phone Number	
Insured's Address		City	State	Zip	
Insured's Social Security Number	Insured's Birthdate				

Secondary Health Insurance

Insurance Company		Plan			
Plan Number	Group Number	Insured's Employer/School		Insured's Social Security Number	
Insured's Name (as it appears on insurance card or ID)		Relation to Patient		Insured's Phone Number	

Responsible Party

Billing Name (if other than patient)		Phone	Relation to Patient		
Address		City	State	Zip	

Signature of Patient or Authorized Guardian

Date

Name: _____ Age: _____ Sex: _____ Date of Appointment: _____

Reason for Visit

What brings you to the office today?

Date symptoms started _____

Have you lost any days from work or school? Yes No

Medications

Have you ever taken the following medicines?

- SSRI (eg Prozac/fluoxetine, Paxil/paroxetine, Celexa/citalopram, Lexapro/escitalopram)
- Effexor/venlafaxine or Cymbalta/duloxetine
- Tricyclics (eg Elavil/amitriptyline, Pamelor/nortriptyline, Tofranil/imipramine, Anafranil/clomipramine)
- Wellbutrin/ bupropion
- Desyrel/trazodone, Serzone/nefazodone
- Mood stabilizers (eg Lithium, Tegretol/carbamazepine, Topamax/topiramate, Depakote/valproate, Lamictal/lamotrogine)
- Antipsychotic mood stabilizers (eg Seroquel/quetipine, Geodon/ziprasidone, Abilify/aripiprazole, Zyprexa/olanzapine, Haldol/haloperidol, Clozaril/clozapine, Prolixin/fluphenazine)
- Sleeping pills (eg Ambien/zolpidem, Desyrel/trazodone, Sonata/zaleplon, Restoril/temazepam)
- Anti-anxiety medicines (eg Ativan/lorzepam, Klonopin/clonazepam, Xanax/alprazolam, Valium/diazepam, Buspar/buspiron)
- ADHD medicines (eg Ritalin/Concerta/methylphenidate, Adderall/amphetamine, Strattera/atomoxetine)

List other medicines you are taking:

Past Psychiatric History

Check all that apply:

- ADHD
- Anxiety
- Bipolar
- Depression
- Eating Disorder
- Phobia(s)
- Obsessive Compulsive
- Pre-Menstrual Dysphoric Disorder/PMS
- Post Traumatic Stress
- Schizophrenia
- Schizoaffective Disorder
- Substance Abuse
- Suicide Attempt

Have you seen a psychiatrist, psychologist or therapist/counselor in the past?

Yes No When? _____

Allergies

Are you allergic to any of the following?

- ACE Inhibitors
- Adhesive Tape
- Anesthetics
- Aspirin
- Barbiturates (Sleeping Pills)
- Codeine
- Iodine (including contrast dye)
- Latex
- Penicillin
- NSAIDs (Ibuprofen, Naprosyn, Advil)
- Seizure Medicines
- Sulfa

Details/Reactions: _____

Lifestyle Factors

Has anyone in your home ever physically, emotionally or sexually abused you?

Yes No

Have you ever smoked?

Yes No # of years _____ # packs/day _____

Do you smoke now?

Yes No # packs/day _____

Do you use recreational drugs? (Including abuse of prescription drugs)

Yes No types? _____ # times/week _____

How much alcohol do you drink per week?

drinks/week _____

How much caffeine do you drink per day?

drinks/day _____

How often do you exercise?

times/week _____

Are you currently:

- Working
- Not Working by Choice
- Unemployed
- Disabled
- Retired
- Volunteering

Have you ever served in the military?

Yes No

How would you identify your sexual orientation?

- Straight/Heterosexual
- Lesbian/Gay/Homosexual
- Bisexual
- Asexual
- Transsexual
- Other
- Unsure/Questioning
- Prefer Not to Answer

Have you ever been arrested?

Yes No

Do you have any pending legal problems?

Yes No

Do you belong to a particular religion or spiritual group?

Yes No Please list: _____

Highest Educational Level Attained:

- Grade School
- High School
- Junior College
- Undergraduate College/University
- Graduate School