STEVE BALT, MD, MS
PSYCHIATRIC INTAKE QUESTIONNAIRE

Name		Date
Street		Suite/Apt #
City	State	Zip
Phone (home)	Phone (work)	
Age	Date of birth (mo/day/year)	
Name of person with whom you live		Relationship
Name of person to call in an emergency		Relationship
Street		Suite/Apt #
City	State	Zip
Phone (home)	Phone (work)	
Name of person filling out this form (if not patient)		
Name of referring MD/therapist/counselor		
Address (if known)	Phone (if known)	
Name of primary physician or clinic		
Address (if known)	Phone (if known)	
Gender	Marital Status	
Occupation	Highest Level of Education Completed	

Please list your current medications (all):

Please state the principal reason you are requesting a consultation or treatment.

Please describe your illness from the time of your first symptom to the present. There is no need to provide overwhelming detail, but if you know names of psychiatrists or psychologists who have treated you, dates of hospitalizations, and the kinds of treatment you have received (including medication and your response to them), this would be helpful.

Recent Stressful Life Events check any of the following events that have occurred during the last 12 months	
Married	❒
Engaged	❒
Separated	❒
Divorced	❒
Breakup of important relationship	❒
Pregnancy	❒
New family member	❒
Child left home	❒
Death of spouse or significant other	❒
Bad health of family member	❒
Behavior problems in family member	❒
Personal injury or illness	❒
Sexual difficulties	❒
Difficulties or changes at school or work	❒
Retired or lost job	❒
Changed residence	❒
Major mortgage	❒
Foreclosure	❒
Legal difficulties	❒
Owe money	❒

Comments

Alcohol and drug use
(please note: you may be given a more detailed questionnaire at the time of your first appointment)

Drinking (alcohol use)
How many drinks do you consume in the average day? At what time of day do you have your first drink? What is the most you have had to drink in a 24-hour period in the last year? Have you ever felt you were, or has someone told you that you were, drinking too much? If yes, under what circumstances?

Drugs of abuse	
Please check if you have used any of the following drugs	
None	❒
Nicotine	❒
Marijuana	❒
Amphetamines/speed	❒
Heroin/opiates	❒
PCP	❒
LSD/hallucinogens	❒
Cocaine/crack	❒
Barbiturates/sedatives/downers	❒
Dissociative agents (PCP, ketamine)	❒
Hallucinogens (LSD, mushrooms)	❒
Anabolic steroids	❒
Inhalants (solvents, nitrous oxide, etc)	❒
If you checked one or more of these drugs, under what circumstances did you take it/them? When did you most heavily use drugs? When was the last time you took such drugs?	

Comments

Family History			Major Illnesses
Name	Age	Occupation	List all major illnesses, including psychiatric, neurological, alcoholism, drug abuse, suicide, and suicide attempts.
Mother			
Father			
Brothers			
Sisters			
Children			
Grandparents, uncles, aunts (relationship)			

Medical History	
Height and Weight	
What is your height in inches?	
What is your current weight in pounds?	
Has your weight has increased or decreased by more than 10 pounds during the last five years? If so, explain circumstances.	❒
Sleep	
Do you –	
have difficulty falling asleep?	❒
wake up often and have difficulty falling back asleep?	❒
feel tired when walking?	❒
have bad dreams, nightmares, wet the bed, sleepwalk, or have other sleep disturbances?	❒
Smoking	
Do you smoke? If so, how much and for how long?	❒
Caffeine	
Do you drink coffee, tea, or colas? If so, how much?	❒
Do you believe you are sensitive to caffeine?	❒
Allergies	
List all allergies. Be sure to include medication allergies.	

Comments

Medical Problems	
Age when first occurred	List all past and present medical problems as well as any surgery or accidents.

Females – Menstrual history

Are your periods irregular? ❒
If so, explain.

What is the duration of your periods?

What is the date of your last period?

Is there any pain or discomfort with your periods? ❒
Do your moods or personality change with your periods? ❒
If so, how?

Are you taking an oral contraceptive? ❒
If yes, which one and for how long?

If yes, does your contraceptive affect your mood?

Comments