

DEVELOPMENTAL QUESTIONNAIRE

This questionnaire asks you to respond to a series of questions about you and your family. This type of information is very helpful in making an accurate diagnosis. Please complete these forms as best you can. We will have the opportunity to discuss them in detail at your appointment.

TODAY'S DATE: _____

NAME	DATE OF BIRTH	AGE
WORK PHONE	HOME PHONE	
ADDRESS		
SPOUSE'S NAME	WORK PHONE	CELL PHONE

Referred by: _____ Phone _____
 Address _____

Primary Care Physician _____ Phone _____
 Address _____

Have you been seen by any of the professionals listed below for emotional/behavioral problems such as depression, anxiety, etc? Please check and list all that apply.

Psychiatrist _____
 Primary Care Physician _____
 Therapist _____
 Psychologist _____

Please specify the type of treatment received: _____
 Why are you seeking professional help at this time?

Outpatient Treatment: _____
 Physician/therapist _____ Address _____ Duration of treatment from _____ to _____

Inpatient Treatment: _____
 Facility Name _____ Address _____ Treating MD _____ Duration of hospitalization _____

Medications used that helped: _____

PRESENT MEDICAL STATUS

Are you in any way physically ill at this time? _____ No _____ Yes, If yes, please explain.

List current medications you are taking. Include dosage and reason. Include vitamin, herbs and over the counter.

Please use this space and any additional sheets for any additional information/comments you wish to share with us about you.

FAMILY PSYCHIATRIC AND MEDICAL HISTORY

Specify which family members suffer from mental health problems or listed medical problems.

Relationship to patient	Medications(specify)	Hospitalizations
Depression		
Bipolar Disorder		
Anxiety Disorder		
Schizophrenia		
Anorexia/Bulimia		
Alcohol/Drugs		
ADHD		
Suicide attempt or completion		
OCD/Obsessive Compulsive Disorder		
Legal Problems		
Violent Behavior		
Heart Problems....What kind?		
Epilepsy/Seizures		
Thyroid Problems..... What kind?		
Other: specify type		