

Connected Care Psychiatry-Initial Visit Demographics and History

Personal Details

First Name *

Last Name *

Date of Birth *

Gender

Male Female Unknown

Blood Group

Language

Race

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity

Hispanic or Latino Not Hispanic or Latino

Employment Status

Employed Full-Time Student Part-Time Student
 Unemployed Retired

Marital Status

Single Married Others

Smoking Status

Current every day smoker Current some day smoker Former Smoker
 Smoker current status unknown Never Smoker
 Unknown if ever smoked

Primary Contact Details

Caregiver First Name

Caregiver Last Name

Email *

Home Phone

Mobile Phone

Work Phone

Fax

Primary Phone *

Mobile Phone Home Phone Work Phone

Address Line1 *

Address Line2 _____

City * _____

Country * _____

State * _____

Zip code * _____

Postbox No _____

Emergency Contact Name _____

Emergency Contact Number _____

Extn _____

Allergies

Allergies	Type	Severity	Reactions

Medications

Medication Name	Intake Details

Past Medical History

Please select any medical problems you have been diagnosed with in the past? Include any current Medical Problems you continue to seek treatment for.

- Neurological problems
 - Migraines
 - Stroke
 - Dementia or Neurocognitive Disorder
 - Transient Ischemic Attacks
 - seizures/Epilepsy
- Hematologic
 - Anemia
 - Bleeding disorders
- Endocrine problems:
 - Diabetes Type II
 - Diabetes Tyle I
 - Thyroid Disease
- Cardiac Problems:

- High Blood Pressure (Hypertension)

- CHF - Congestive Heart Failure
- CAD
- Angina
- history of Heart Attack
- Pulmonary/Lung Problems:
 - COPD
 - Asthma
 - Emphysema
- Gynecological problems
 - endometriosis
- Gastrointestinal problems
 - GERD - Gastroesophageal Reflux Disease
 - Constipation
 - Diarrhea
 - Diverticulitis/Diverticulosis
 - Irritable Bowel Disease
 - Inflammatory Bowel Disease like Crohns or UC
 - stomach Ulcers
- Rheumatological:
 - arthritis
 - Gout
- PSYCHIATRIC
 - Depression
 - Anxiety
 - Panic Disorder
 - Bipolar Disorder
 - Obsessive Compulsive Disorder

 - ADHD - Attention Deficit Hyperactivity Disorder
 - Autism Spectrum Disorder
 - Schizophrenia
- Urinary problems
- Chronic Pain
- Cancer
- Seasonal Allergies
- Other _____

Comments _____

Family History

Please indicate any family history by checking the box. Select "none" if selection does not apply or "other" to expand in comment section.

Father

- Depression Bipolar Anxiety
 Substance (Drug) Use problems Alcohol Use NONE
 Other _____

Mother:

- Depressoin Bipolar Anxiety
 Substance Use problems Alcohol use NONE
 Other _____

Comments _____

Siblings

- Depression Bipolar Anxiety
 Substance (Drug) Use problems Alcohol use NONE
 Other _____

Comments _____

Children

- Depression Bipolar Anxiety
 Substances (Drug) Use problems Alcohol use NONE
 Other _____

Comments _____

Social History

What is your current marital status?

- Single Dating Married Previously Divorced
 Separated Partnership Widow/Grieving a partner
 Other _____

Are you currently employed?

- employed
 - Please indicate below your current employer and position/title
- Unemployed
 - on disability
 - looking for employment
- Other _____

Comments _____

Do you have any children?

- Yes
- No

Review of Systems

Please select any of the following symptoms you are currently struggling with?

- SKIN
 - rash
 - acne
- HEAD
 - headaches
 - lightheaded
 - dizzy
 - fever
- EYES
 - double vision
 - flashing lights
- EARS
 - ringing in your ears
 - change in hearing
- NECK
 - swollen glands
 - goiter
- BREASTS
 - nipple discharge
- RESPIRATORY
 - shortness of breath
 - cough
 - wheezing
- CARDIAC
 - heart skipping beats
 - swelling in hands/feet
 - chest pain

- GASTROINTESTINAL
 - change in appetite or weight
 - nausea
 - vomiting
 - heartburn
 - diarrhea
 - constipation
 - change in bowel habits
- URINARY
 - frequent urination
- MUSCULOSKELETAL
 - muscle pain
 - stiffness
 - joint pain
 - decreased motion
- NEUROLOGIC:
 - headaches
 - seizures
 - fainting
 - paralysis
 - muscle spasms
 - tremors
 - involuntary movement
 - numbness
 - feeling of pins and needles
- ENDOCRINE:
 - heat/cold intolerance
 - excessive sweating
 - increased thirst
- PSYCHIATRIC:
 - insomnia (difficulty falling or staying asleep)
 - too much sleep
 - mood swings
 - depression
 - anxiety
 - excessive worrying
 - obsessions
 - hallucinations (seeing or hearing things other people may not)
- Other _____

Comments _____