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

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/amitryptyline, Pamelor/nortryptyline, Tofranil/imipramine, Anafranil/clomipramine)

☐ Wellbutrin/ buproprion

Desyrel/trazodone, Serzone/nefazodone

☐ Mood stabilizers (*eg* Lithium, Tegretol/carbamazepine, Topramax/toprimate, 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, Klonipin/clonazepam, Xanax/alprazolam, Valium/diazepam, Buspar/buspirone)

☐ 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