

PSYCHIATRIC HISTORY CHECKLIST

Please circle Y (yes) or N (no) by each question.

- Y N Have you ever before consulted a psychiatrist
- Y N Have you ever consulted a psychologist, social worker, or any other type of therapist?
- Y N Have you ever been hospitalized for psychiatric reasons?
- Y N Have you ever received shock treatments (electroconvulsive therapy)?
- Y N Have you ever attempted suicide or harmed yourself on purpose without intending suicide, such as to get a sense of relief or someone's attention?
- Y N Have you ever assaulted anyone or been in jail?
- Y N Have you ever injected anything into your veins?
- Y N When you first started school, did you have trouble separating from your mother or discomfort at being away from home?
- Y N In school, did you have more difficulty sitting still or paying attention than other kids, or were you ever diagnosed as being hyperactive or having attention-deficit disorder?
- Y N Did you have any specific learning problems, such as with spelling, reading, math, or speech; were you labeled a slow learner; or were you placed in special classes?
- Y N Did you ever serve in the Armed Forces, active duty or reserves?
- Y N If so, did you receive a service-connected disability rating?
- Y N Were you ever the victim of physical or sexual child abuse; violent crime; sexual assault, molestation, or harassment; natural disaster; motor vehicle or industrial accident; combat injury; discrimination or persecution based on gender, race, ethnicity, religion, sexual orientation, etc.? (If Yes, please circle which one(s).)
- Y N As a child, did you frequently wet your bed after age 5?
- Y N Have you ever been markedly overweight?
- Y N Have you ever felt fat or tried to lose weight despite family or friends saying that you were not overweight?

- Y N To lose weight, have you ever made yourself vomit or taken laxatives, diuretics (water pills), or diet pills?
- Y N Have you frequently eaten large amounts of food in binges and felt guilty afterwards?
- Y N If yes, did you then vomit?
- Y N Have you ever felt depressed almost every day for at least two weeks?
- Y N Have you ever had compulsions (repetitive seemingly purposeful but unnecessary behaviors) such as checking the doors several times before leaving home, frequent handwashing, counting things repeatedly, etc.?
- Y N Have you ever had sudden attacks of anxiety or nervousness?
- Y N Have you ever had phobias (fears of specific situations or things such as heights, enclosed places, open places, driving, flying, roaches, etc.)?
- Y N Have you frequently found yourself in places without knowing how you got there, found personal belongings in places you did not recall having placed them, been greeted by people who seemed to know you but you did not know them, or been unable to account for what you had been doing for some period of time?(If Yes, please circle which one(s).)
- Y N While you were fully awake, have you ever heard voices talking to you or about you that did not come from anyone near you?
- Y N Have you ever seen things such as faces, animals, or ghosts, that other people could not see?
- Y N Have you ever tasted or smelled things or felt things touching you or crawling on you when nothing was there?
- Y N When you were in public, have you often felt that people were watching you, following you, talking about you, reading your mind, putting thoughts into your mind, trying to hurt you or control you in some way, or plotting against you?
- Y N Has it often happened that things you've seen appeared larger, smaller, closer, or farther away than you knew them to be?
- Y N In unfamiliar places, have you often felt that you've been there before, or have familiar places often seemed strange, different, or unfamiliar?
- Y N Have you even had a period of time lasting days to weeks when you felt clearly different than your usual self: your mood was euphoric or irritable; you felt more energetic,

Please circle each of the following that you ever took, even once:

Antipsychotics/neuroleptics/major tranquilizers/anti-Parkinsonians

Thorazine/chlorpromazine	Mellaril/thioridazine	Serentil/mesoridazine
Trilafon/perphenazine	Stelazine/trifluoperazine	Prolixin/fluphenazine
Compazine/prochlorperazine	Torecan/Norzine/thiethylperazine	
Haldol/haloperidol	Orap/pimozide	Latuda/lurasidone
Navane/thiothixene	Taractan/chlorprothixene	Saphris/asenaphine
Moban/molindone	Loxitane/loxapine	Fanapt/iloperidone
Risperdal/risperidone	Clozaril/clozapine	Zyprexa/olanzapine
Seroquel/quetiapine	Geodon/ziprasidone	Abilify/aripiprazole
Artane/trihexyphenidyl	Cogentin/benzotropine	Symmetrel/amantadine
Invega/paliperidone	Symbyax/olanzapine+ fluoxetine	Vraylar/cariprazine

Antidepressants/mood elevators

	brexanolone	TMS/ECT/DBS/VNS
Elavil/Endep/amitriptyline	Pamelor/Aventyl/nortriptyline	Sinequan/Adapin/doxepin
Tofranil/imipramine	Norpramin/desipramine	Vivactil/protriptyline
Triavil/Etrafon	Limbitrol	Viibryd/vilazodone
Surmontil/trimipramine	Anafranil/clomipramine	Asenden/amoxapine
Ludiomil/maprotiline	Desyrel/trazodone	Serzone/nefazodone
Prozac/Sarafem/fluoxetine	Zoloft/sertraline	Paxil/paroxetine
Luvox/fluvoxamine	Celexa/citalopram	Lexapro/escitalopram
Effexor/venlafaxine/Pristiq	Wellbutrin/Zyban/bupropion	Remeron/mirtazapine
Nardil/phenelzine	Parnate/tranlycypromine	Marplan/isocarboxazid
Eldepryl/deprenyl/selegiline	Moclobemide	Cymbalta/duloxetine

Mood stabilizers

Lithium/Eskalith/Lithobid	Depakote/Depakene/valproic acid	
Tegretol/Epitol/carbamazepine	Lamictal/lamotrigine	Topamax/topiramate
Trileptal/oxcarbazepine	Neurontin/gabapentin	Lyrica/pregabalin

Anxiolytics/minor tranquilizers/sleeping pills

Valium/diazepam	Librium/chlordiazepoxide	Tranxene/clorazepate
Paxipam/halazepam	Centrax/prazepam	Serax/oxazepam
Ativan/lorazepam	Xanax/alprazolam	Klonopin/clonazepam
Dalmane/flurazepam	Restoril/temazepam	Doral/quazepam
Halcion/triazolam	ProSom/estazolam	melatonin
Ambien/zolpidem	Sonata/zaleplon	Lunesta/eszopiclone
Buspar/buspirone	Rozerem/ramelteon	Catapres/clonidine
Tenex/Intuniv/guanfacine	Benadryl	NyQuil

Other psychoactive substances

Alcohol	Marijuana/grass/weed/hash/reefer	Ecstasy/MDMA
LSD Mescaline Peyote	Psilocybin/mushrooms DMT STP PCP	Adderall/Adderall XR
Amphetamines/speed/diet pills	Quaaludes Barbituates	Other downers
Strattera/atomoxetine	Ritalin/Concerta/Metadate/Methylin/methylphenidate	
Focalin/dexmethyphenidate	Vyvanse/lisdexamfetamine	Provigil/modafinil
Cocaine/crack	Cylert/pemoline Nuvigil/armodafinil	Ketamine
Glue/other volatile inhalants	Heroin/other opiates	Tobacco

MEDICAL HISTORY/REVIEW OF SYSTEMS CHECKLIST

Please circle each item you have had:

Head injury	Seizure/convulsion	Loss of consciousness	Stroke
Recurrent headache	Encephalitis	Meningitis	Dizziness
Weakness	Numbness or tingling	Other neurological disorder (specify):	
Glaucoma	Cataract	Loss of vision	Retina/macular disease
Hearing loss	Tinnitus/persistent ringing in the ears		
Itching	Psoriasis	Other persistent rash (specify):	
Arthritis	Lupus	Fibromyalgia	Back problems
Asthma	Emphysema	Chronic bronchitis	Pulmonary embolus
Wheezing	Shortness of breath	Other lung disease (specify):	
High blood pressure	Low blood pressure	Fainting spells	Rheumatic fever
Heart murmur	Mitral valve prolapsed	Congestive heart failure	
Angina/chest pain	Heart attack	Endocarditis (heart valve function)	
Abnormal heart beat/arrhythmia	Pacemaker insertion		
Other heart problem (specify):			
Esophageal spasm	Peptic/duodenal ulcer	Persistent constipation/diarrhea	
Irritable bowel	Crohn's disease	Ulcerative colitis	
Diverticulosis	Diverticulitis	Pancreatitis	
Hepatitis	Jaundice	Gallstones	
Abdominal pains	Persistent nausea/vomiting		
Other stomach or intestinal problem (specify):			
Kidney failure	Kidney stones	Recurrent urinary infections	
Urinary blockage	Incontinence	Other bladder or kidney problem (specify):	
Diabetes	Hypoglycemia	Thyroid problems	Infertility
Anemia	Bleeding tendency	Porphyria	
Cancer (what part of your body?):			
Positive HIV test	Herpes	Syphilis	Mononucleosis
Malaria	TB	Lyme disease	Other infectious disease:
Poisoning	Traumatic injury		

Men only: Prostate problems

Women only: # of pregnancies _____ # of Caesarean sections _____
of abortions _____ Stillbirths _____ Miscarriages _____
D & C Hysterectomy Tubal ligation
Ovary removed Breast surgery

Surgery: Tonsils Adenoids Appendix Gallbladder
Hernia Hemorrhoids Abdominal
Heart Other (specify):

Current medications/supplements:

Allergies to medications:

Any other allergies (food, environmental, etc.):