



2655 State Road 580 , Suite 202 - Clearwater, Florida 33761

www.healthandpsychiatry.com

Office:(727) 733-6111 Fax: (727)733-6002

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for Visit : \_\_\_\_\_

Current psychiatric medications and doses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHARMACY INFORMATION:**

Name of Pharmacy: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

**PRIMARY CARE PHYSICIAN INFORMATION:**

Is it okay to contact your Primary Care Doctor?

- Yes  No  I do not have one

(If yes, please fill out accompanying Release of Information at the end of the packet)

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_



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Please check all that apply:

- Depressed mood
- Hopeless or helpless
- Don't do pleasure or leisure activities like I use to
- Feelings of guilt
- Feelings of worthlessness
- Low self-esteem
- Decreased energy
- Decreased concentration
- Appetite or weight changes
- Moving slower or speaking slowly
- Feeling fidgety or have feeling of inner restlessness
- Sex drive changes
- Fatigued / tired most days
- Feel irritable often for no reason
- Harder to make decisions than I use to
- Sleep problems
  - \_\_\_Hard to get to sleep, but I stay asleep
  - \_\_\_Hard to stay asleep, but I get to sleep okay
  - \_\_\_Hard to get to sleep and hard to stay asleep
- Ideas of suicide or death
- Anxious
- Panic attacks
- Fear of social situations
- Obsessions
- Compulsions

- Do you feel threatened or scared?
- Are people out to get you?
- Can you read people's thoughts?
- Can other people read your mind or know your thoughts?
- Does the TV or radio talk to you?
- Hear voices others can't ?
- See things others can't ?
- I have intrusive thoughts that are not my own
- I have special abilities or powers others do not have
- Thoughts are put inside my head by others
- I sometimes have out of body experiences

- Mood swings or irritability
- Anger outbursts
- Decreased need for sleep
- More talkative
- Racing thoughts
- At times, I become overly distractible where even small things pull me away from important things.
- At times, I do more risky things than usual or I spend money of control or get involved in sex or other adventures that often turn out badly
- At times, I do more Impulsive than usual and do things that are totally out of character for me
- At times , I start many projects or get into so many activities that I can't complete and I jump from one to another rapidly
- At times, I am unusually irresponsible and take action that cause moderate to severe problems (legal, financial, relationship) for me and my family

- I have experienced a traumatic event
- I often have the same nightmare or bad dream
- Memories come into my mind when I don't want them
- Sometimes I feel numb all over when I have some memories
- I avoid certain people and places I go
- Sometimes I feel so much fear that I detach myself or feel disassociation from people or places
- I am hyper-vigilant / hyper-aware even when no danger is present
- I have many body aches and pains
- I have neck, back and other chronic pain
- I have headaches / migraines often
- I have had a head injury in the past



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**Psychiatric History**

Past Psychiatrist / Therapist: \_\_\_\_\_

Date Last Seen: \_\_\_\_\_

Past Psychiatric Diagnosis: \_\_\_\_\_

Past Psychiatric Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Have you ever been hospitalized for any psychiatric reasons? YES  NO

If yes, how many times? \_\_\_\_\_

What was the reason? \_\_\_\_\_

What was the date? \_\_\_\_\_

Where were you hospitalized? \_\_\_\_\_

2. Have you ever been placed under a Baker Act? YES  NO

If yes, why were you Baker Acted? \_\_\_\_\_

What was the date/dates? \_\_\_\_\_

3. Have you ever attempted to commit suicide? YES  NO

If yes, **how** did you attempt to kill yourself? \_\_\_\_\_

How many times did you attempt suicide? \_\_\_\_\_

What was the date(s)? \_\_\_\_\_



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### Medical History

Current Medical Issues: \_\_\_\_\_

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Current Non-psychiatric Medications: \_\_\_\_\_

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Allergies: \_\_\_\_\_

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### Surgical History

Past Surgeries (Include date/hospital/physician): \_\_\_\_\_

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*Marital Status ( please check one that applies:*

Single  Married  Divorced  Widowed

How long: \_\_\_\_\_

Children: \_\_\_\_\_

*Employment Status (please check one that applies ):*

Employment  Unemployed  Disability  Retired

Employer: \_\_\_\_\_

**IF** on disability, please explain why: \_\_\_\_\_

\_\_\_\_\_

Education Level: \_\_\_\_\_

*Currently Residing With ( please check one that applies):*

- I am living alone
- I am living with a family member
- I am living with a spouse or significant other

Other: \_\_\_\_\_



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### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name \_\_\_\_\_

Date \_\_\_\_\_

Provider \_\_\_\_\_

Patient ID # \_\_\_\_\_

	Over the last 2 weeks, how often have you be bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself-or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed?  Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Add Columns:

( healthcare professional: For interpretation of TOTAL)

+

+

Please refer to accompanying scoring card. )

<b>10 If you checked off any problems, how difficult You to do your work, take care of things at home, or get along with other people?</b>	Not difficult at all _____
	Somewhat difficult _____
	Very difficult _____
	Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, Contact Dr. Spitzer at ris8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.