Neuropsychiatry History and Intake Form

Contact and Demographic Data

Name: _____

Address:_____

Email: _____

Telephone Number: _____

Age: Date of Birth:
Gender Identity: Sex Assigned At Birth/Natal Sex:
Preferred Pronouns:

Race: Ethnicity:
Marital Status: Sexual Orientation:
Religious/Spiritual Beliefs:

Primary Language: Secondary Language:

Handedness: Left Right Ambidextrous/Both

Height: Weight:

Contacts

Emergency Contact Name: _____

Emergency Contact Number: _____

Primary Care Practitioner Name: _____

Primary Care Practitioner Telephone Number: _____

Neurologist Name: _____

Neurologist Number: _____

Psychiatrist Name: _____

Psychiatrist Number: _____

Therapist Name: _____

Therapist Number: _____

Medication History

Current Medications including doses (can also send current list separately if preferred):

Medication	Dose and Frequency	Reason Prescribed (if known)

Current Supplements/Herbal Remedies (can also send current list separately if preferred):

Supplement/Remedy	Dose and Frequency	Reason Taking

Prior Psychotropic Medications

Medication	Yes/No (leave blank if No or don't know)	Reason Prescribed and Dates (if known)	Effective (Y/N)	Reason Discontinued
Antidepressants	-	-	-	-
Fluoxetine (Prozac)				
Paroxetine (Paxil)				
Sertraline (Zoloft)				
Citalopram (Celexa)				
Escitalopram (Lexapro)				
Venlafaxine (Effexor)				
Desvenlafaxine (Pristiq)				
Duloxetine (Cymbalta)				
Levomilnacipran (Fetzima)				
Milnacipran (Savella)				
Mirtazapine (Remeron)				
Bupropion (Wellbutrin)				
Vilazodone (Viibryd)				
Vortioxetine (Trintellix)				
Impiramine (Tofranil)				
Amitriptyline (Elavil)				
Nortriptyline (Pamelor)				
Clomipramine (Anafranil)				
Desipiramine (Norpramin)				
Selegiline (Emsam)				
Phenelzine (Nardil)				
Tranylcypromine (Parnate)				
Isocarboxazid (Marplan)				
Nefazodone (Serzone)				

Medication	**Yes/No (leave blank if No or don't know)**	**Reason Prescribed and Dates (if known)**	**Effective (Y/N)**	**Reason Discontinued**
Mood Stabilizers	-	-	-	-
Lithium (Eskalith, Lithobid)				
Valproate (Depakote, Depakene)				
Carbamazepine (Tegretol)				
Lamotrigine (Lamictal)				
Anticonvulsants	-	-	-	-
Topiramate (Topamax, Trokendi)				
Gabapentin (Neurontin)				
Pregabalin (Lyrica)				
Oxcarbazepine (Trileptal, Oxtellar)				
Antipsychotics	-	-	-	-
Risperidone (Risperdal)				
Olanzapine (Zyprexa)				
Quetiapine (Seroquel)				
Ziprasidone (Geodon)				
Aripiprazole (Abilify)				
Lurasidone (Latuda)				
Cariprazine (Vraylar)				
Brexpiprazole (Rexulti)				
Asenapine (Saphris)				
Lumapeterone (Caplyta)				
Paliperidone (Invega)				
Clozapine (Clozaril, FazaClo)				
Haloperidol (Haldol)				
Chlorpromazine (Thorazine)				

Medication	**Yes/No (leave blank if No or don't know)**	**Reason Prescribed and Dates (if known)**	**Effective (Y/N)**	**Reason Discontinued**
Fluphenazine (Prolixin)				
Perphenazine (Trilafon)				
Loxapine (Loxitane)				
Anxiolytics	-	-	-	-
Buspirone (BuSpar)				
Alprazolam (Xanax)				
Diazepam (Valium)				
Lorazepam (Ativan)				
Clonazepam (Klonopin)				
Hydroxyzine (Vistaril, Atarax)				
Chlordiazepoxide (Librium)				
Phenobarbital (Luminal)				
Stimulants	-	-	--	-
Adderall				
Dextroamphetamine (Dexedrine)				
Methylphenidate (Ritalin, Concerta, Metadate, Daytrana, Methylin)				
Lisdexamphetamine (Vyvanse)				
Modafinil (Provigil)				
Armodafinil (Nuvigil)				
Cognitive Enhancers	-	-	-	-
Donepezil (Aricept)				
Galantamine (Razadyne)				
Rivastigmine (Exelon)				
Memantine (Namenda)				

Medication	**Yes/No (leave blank if No or don't know)**	**Reason Prescribed and Dates (if known)**	**Effective (Y/N)**	**Reason Discontinued**
Sedative-Hypnotics	-	-	-	-
Temazepam (Restoril)				
Doxepin (Silenor)				
Trazodone (Desyrel)				
Zolpidem (Ambien)				
Eszopiclone (Lunesta)				
Suvorexant (Belsomra)				
Lemborexant (Dayvigo)				
Ramelteon (Rozerem)				
Zaleplon (Sonata)				
Diphenhydramine (Benadryl)				
Other				
Amantadine (Symmetrel)				
Pramipexole (Mirapex)				
Nuedexta (dextromethorphan-quinidine)				
Ketamine				
Esketamine (Spravato)				
Valbenazine (Ingrezza)				
Deutetrabenazine (Austedo)				
Benztropine				
Trihexyphenidyl				
Cytomel (T3/triiodothyronine)				
Synthroid (thyroxine/T4)				

Medication	Yes/No (leave blank if No or don't know)	Reason Prescribed and Dates (if known)	Effective (Y/N)	Reason Discontinued
Pindolol (Visken)				
Propranolol (Inderal)				
Prazosin (Minipress)				
Clonidine (Catapres)				
Guanfacine (Intuniv, Tenex)				
Atomoxetine (Straterra)				
Pimavanserin (Nuplazid)				
Naltrexone (Revia, Vivitrol)				
Buprenorphine (Suboxone, Subutex)				
Methadone				
Disulfiram (Antabuse)				
Acamprosate (Campryl)				
Varenicline (Chantix)				

Allergies (can provide information separately if preferred or extensive):

Allergen	Reaction

Sleep (GSAQ)

During the PAST FOUR WEEKS, how often:	Never	Sometimes	Usually	Always
Did you have difficulty falling asleep, staying asleep, or feeling poorly rested in the morning?				
Did you fall asleep unintentionally or have to fight to stay awake during the day?				
Did sleep difficulties or daytime sleepiness interfere with your daily activities?				
Did work or other activities prevent you from getting enough sleep?				
Did you snore loudly?				
Did you hold your breath, have breathing pauses, or stop breathing in your sleep?				
Did you have restless or "crawling" feelings in your legs at night that went away if you moved your legs?				
Did you have repeated rhythmic leg jerks or leg twitches during your sleep?				
Did you have nightmares, or did you scream, walk, punch, or kick in your sleep?				
Did the following disturb your sleep? a. Pain b. Other physical problems c. Worries d. Medications e. Other (please specify)				
Did you feel sad or anxious?				

Past Psychiatric History

Have you ever had a suicide attempt? If so, how many times, when, and how?

Have you ever been psychiatrically hospitalized? If so, how many times, for how long, where, and what was the reason?

Have you ever had ECT (electroconvulsive therapy)? If so, when, how many treatments, and what was the reason?

Have you ever had TMS (transcranial magnetic stimulation)? If so, when, how many treatments, and what was the reason?

Past Medical History

List any prior medical problems (can provide separately if preferred or extensive):

Past Surgeries

List past surgical procedures (can provide separately if preferred or extensive):

Substance Use History

Substance	Current Use (Yes/No)	Past Use (Yes/No)	Frequency	Is your use Problematic? (Yes/No)
Tobacco				
Alcohol				
Cannabis				
Cocaine				
Amphetamines				
Heroin				
Prescription Opiates (e.g. Percocet, Oxycodone, Vicodin)				
Benzodiazepines (e.g. Xanax, Valium, Ativan)				
Inhalants (e.g. solvents, whippets)				
Psychedelics (e.g. LSD, psilocybin, PCP, MDMA, ketamine)				

Family History

Diagnosis	Which family members affected? (biological parents, siblings, children, grandparents, aunts, uncles, cousins) Specify maternal or paternal relative	Age of Onset (if Known)
Depression		
Anxiety Disorder		
PTSD		
Borderline Personality Disorder Narcissistic Personality Disorder Antisocial Personality Disorder		
Bipolar Disorder		
Schizophrenia		
Suicide		
Intellectual/Learning Disability		

Incarceration for Violent Offenses		
Alcohol Use Disorder		
Other Substance Use Disorder/Addiction		
Dementia Alzheimer's Disease Vascular Dementia Frontotemporal Dementia Lewy Body Dementia Huntington's Disease		
Mitochondrial disease		
Multiple Sclerosis		
Brain Tumors		
Epilepsy		
Parkinson's Disease		
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease/Motor Neurone Disease)		
Other		

Developmental History

Did your mother experience any of the following during pregnancy with you?	Yes/No
Gestational diabetes	
Pre-eclampsia	
Eclampsia	
Placental abruption (separation of placenta from uterus before birth)	
Placenta Previa (low-lying placenta)	
Alcohol use	
Crack cocaine use	
Methamphetamine Use	
Anti-seizure medicines such as Depakote, Dilantin, Phenobarbital	
Malnutrition	
Serious Illness	
Bereavement	
Interpersonal/Domestic Violence	
Mental Illness	
Infections such as: Influenza, Cytomegalovirus, Syphilis, Group B Strep, Listeria, Parvovirus B19, Hepatitis B, Rubella, Herpes, Chicken Pox, HIV	

Did your mother experience the following obstetric complications with you?	**Yes/No**
Preterm Labor	
Premature Rupture of Membranes	
Induction of Labor	
Cervical Insufficiency	
Caesarean Section	
Shoulder dystocia	
Nuchal Cord (umbilical cord wrapped around neck)	
Postmature (Postterm labor after 42 weeks)	

Did you experience any of the following neonatal complications (problems as a newborn)?	**Yes/No**
Neonatal jaundice	
Breathing problems (e.g. respiratory distress syndrome, meconium aspiration, bronchopulmonary dysplasia)	
Birth defects	
Birth injuries	
Neonatal hypoglycemia	
Neonatal seizures	
Withdrawal from drugs	
Small for gestational age/dates (Low birthweight)	
Large birthweight (>8lbs 13oz)	
Other	

Did you have any Serious Childhood Illnesses?

Did you meet your Developmental milestones (sitting, crawling, walking, speaking, toilet training) as expected? If not, please explain.

Did you have any of the following experiences at school/education?	Yes/No
Held back/Repeated grade	
Individualized Educational Plan	
504 plan	
Special education/schooling	
Home schooling	
Learning Difficulties	
ADHD	
Behavioral Problems	
Suspensions	
Expulsions	

What is your highest level of education?

Personality Traits

These are questions about the kind of person you generally are; that is, how you have usually felt or behaved over the past several years. Answer "Y" if the question completely or mostly applies to you or "N" if the question does not apply to you. If you do not understand a question, leave it blank.	Yes/No
1. Have you avoided jobs or tasks that involved having to deal with a lot of people?	
2. Do you avoid making friends with people unless you are certain they will like you?	
3. Do you find it hard to be "open" even with people you are close to?	
4. Do you often worry about being criticized or rejected in social situations?	
5. Are you usually quiet when you meet new people?	
6. Do you believe that you're not as good, as Smart, or as attractive as most other people?	
7. Are you afraid to do things that might be challenging or to try anything new?	
8. Is it hard for you to make everyday decisions, like what to wear or what to order in a restaurant, without advice and reassurance from others?	
9. Do you depend on other people to handle important areas of your life, such as finances, child care, or living arrangements?	
10. Do you have trouble disagreeing with people even when you think they are wrong?	
11. Do you find it hard to start projects or do things own?	
12. Is it so important to you to be taken care of by others that willing to do unpleasant or unreasonable things for self?	
13. Do you usually feel uncomfortable when you are by yourself?	
14. When a close relationship ends, do you feel you immediately have to someone else to take care of you?	

15. Do you worry a lot about being left alone to take care of yourself?	
16. Are you the kind of person who spends a lot of time focusing on details, order, or organization, or making lists and schedules?	
17. Do you have trouble finishing things because you spend so much time trying to get them exactly right?	
18. Are you very devoted to your work or to being productive?	
19. Do you have very high standards about what is right and what is wrong?	
20. Do you have trouble throwing things out because they might come in handy someday?	
21. Is it hard for you to work with other people or ask others to do things if they don't agree to do things exactly the way you want?	
22. Is it hard for you to spend money on yourself and other people?	
23. Once you've made plans, is it hard for you to make changes?	
24. Have other people said that you are stubborn?	
25. Do you often get the feeling that people are using you, hurting you, or lying to you?	
26. Are you a very private person who rarely confides in other people?	
27. Do you find that it is best not to let other people know much about you because they will use it against you?	
28. Do you often feel that people are threatening or insulting you by the things they say or do?	
29. Are you the kind of person who holds grudges or takes a long time to forgive people who have insulted or slighted you?	
30. Are there a lot of people you can't forgive because they did or said something to you a long time ago?	
31. Do you often get angry or lash out when someone criticizes or insults you in some way?	
32. Have you sometimes suspected that your spouse or partner has been unfaithful?	
33. When you are out in public and see people talking, do you often feel that they are talking about you?	
34. When you are around people, do you often get the feeling that you are being watched or stared at?	
35. Do you often get the feeling that the words to a song or something in a movie or on TV has a special meaning for you in particular?	
36. Are you a superstitious person?	
37. Have you ever felt that you could make things happen just by making a wish or thinking about them?	
38. Have you had personal experiences with the supernatural?	
39. Do you believe that you have a "sixth sense" that allows you to know and predict things?	

40. Do you often have the feeling that everything is unreal, that you detached from your body or mind, or that you are an outside observer of your own thoughts or movements?	
41. Do you often see things that other people don't see?	
42. Do you often hear a voice softly speaking your name?	
43. Have you had the sense that some person or force is around you, even though you cannot see anyone?	
44. Are there very few people who you're really close to outside of your immediate family?	
45. Do you often feel nervous when you are around people you don't know very well?	
46. Is it NOT important to you to have friends or romantic relationships or to be involved with your family?	
47. Would you almost always rather do things alone than with other people?	
48. Do you have little or no interest in having sexual experiences with another person?	
49. Are there really very few things that give you pleasure?	
50. Does it not matter to you what people think of you?	
51. Do you rarely have strong feelings, like being very angry or feeling joyful?	
52. Do you like being the center of attention?	
53. Do you tend to flirt a lot?	
54. Do you often find yourself "coming on" to people?	
55. Do you like to draw attention to yourself by the way you dress or look?	
56. Do you tend to be very dramatic in your actions and speech?	
57. Are you more emotional than most other people, for example, sobbing when you hear a sad story?	
58. Do you often change your mind about things depending on the people you're with or what you have just read or seen on TV?	
59. Do you feel that you are good friends even with people who provide a service, like your plumber, your car mechanic, and your doctor?	
60. Are you more important, more talented, or more successful than most other people?	
61. Have people told you that you have too high an opinion of yourself?	
62. Do you think a lot about the power, success, or recognition that you expect to be yours someday?	
63. Do you think a lot about the perfect romance that will be yours someday?	
64. When you have a problem, do you almost always insist on seeing the top person?	
65. Do you try to spend time with people who are important or influential?	
66. Is it important to you that people pay attention to you or admire you in some way?	
67. Do you feel that you are the kind of person who deserves special treatment, or that other people should automatically do what you want?	

68. Do you often have to put your needs above other people's?	
69. Have others complained that you take advantage of people?	
70. Do you generally feel that other people's needs or feelings are really not your problem?	
71. Do you often find other people's problems to be boring?	
72. Have people complained to you that you don't listen to them or care about their feelings?	
73. When you see someone who is successful, do you feel that you deserve it more than they do?	
74. Do you feel that others are often envious of you?	
75. Do you find that there are very few people who are worth your time and attention?	
76. Have other people complained that you act too "high and mighty" or arrogant?	
77. Have you become frantic when you thought that someone you really cared about was going to leave you?	
78. Do relationships with people you really care about have extreme ups and downs?	
79. Does your sense of who you are often change dramatically?	
80. Are you different with different people or in different situations, so that you sometimes don't know who you really are?	
81. Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on?	
82. Have there been lots of sudden changes in the kinds of friends you have or in your sexual identity?	
83. Have you often done things impulsively?	
84. Have you tried to hurt or kill yourself or threatened to do so?	
85. Have you ever cut, burned, or scratched yourself on purpose?	
86. Does your mood often change in a single day, based on what's going on in your life?	
87. Do you often feel empty inside?	
88. Do you often have temper outbursts or get so angry that you lose control?	
89. Do you hit people or throw things when you get angry?	
90. Do even little things get you very angry?	
91. When you get very upset, do you get suspicious of other people or feel disconnected from your body or that things are unreal?	
The following questions apply to things you did before you were 15 years old	------
92. Before you were 15, did you bully, threaten, or scare other kids?	
93. Before you were 15, did you start fights?	
94. Before you were 15, did you hurt or threaten someone with a weapon, like a bat, brick, broken bottle, a knife, or a gun?	
95. Before you were 15, did you do cruel things to someone that caused him or her physical pain or suffering?	

96. Before you were 15, did you hurt animals on purpose?	
97. Before you were 15, did you mug, rob, or forcibly take something from someone by threatening him or her?	
98. Before you were 15, did you force someone to do something sexual?	
99. Before you were 15, did you set fires?	
100. Before you were 15, did you deliberately destroy things that weren't yours?	
101. Before you were 15, did you break into houses, other buildings, or cars?	
102. Before you were 15, did you lie a lot or con other people to get something you wanted or to get out of doing something?	
103. Before you were 15, did you sometimes shoplift, steal something, or forge someone's signature for money?	
104. Before you were 15, did you run away and stay away overnight?	
The following two questions apply to things you did before you were 13 years old	------
105. Before you were 13, did you often stay out very late, long after the time you were supposed to be home?	
106. Before you were 13, did you often skip school?	

Exposure History/Risk Factors

Exposure/Risk Factor	**Yes/No**	**When? Please provide any additional details**
Did you have ADHD as a child?		
Did you have a learning disability as a child?		
Do you have problems with depression/anxiety?		
Do you suffer from migraines?		
Do you suffer from chronic pain syndrome?		
Do you have chronic fatigue syndrome or fibromyalgia?		
Are you currently involved in a lawsuit?		
Are you currently applying for disability?		
Ever had meningitis, encephalitis or other infection of the brain?		
Ever had a stroke or mini-stroke (TIA/transient ischemic attack)?		
Do you have HIV?		
Have you ever had epilepsy?		

Exposure/Risk Factor	Yes/No	When? Please provide any additional details
Have you ever had cancer? Were you ever treated with chemotherapy? Were you ever treated with radiation treatment?		
Have you ever had an alcohol use disorder?		
Have you ever taken benzodiazepines (e.g. Xanax, Ativan, Valium) for long periods of times?		
Have you ever taken opiates for long periods of time?		
Have you ever had exposure to heavy metals (arsenic, lead, selenium, mercury, manganese etc.)?		
Have you ever had extended exposure to solvents, paints, gasoline, oils, or pesticides?		
Have you ever been struck by lightning or had a high voltage electric shock?		
Have you ever been bitten by a tick or had Lyme Disease?		
Have you ever been starved of oxygen (e.g. smoke or fume inhalation, near drowning, cardiac arrest)?		
Did you live in the UK for more than 6 months from 1980 to 1996?		
Have you ever eaten Elk or venison since 1995?		
Have you ever hunted Deer or Elk?		
Have you ever had a blood transfusion?		
Have you had any autoimmune diseases (e.g. rheumatoid arthritis, SLE, ulcerative colitis, Crohn's disease, psoriasis)?		
Have you had any periods of severe malnutrition?		

Exposure/Risk Factor	Yes/No	When? Please provide any additional details
Do you have thyroid disease (e.g. Hashimoto's or Grave's disease)?		
Do you have diabetes mellitus?		
Do you have high blood pressure/hypertension?		
Do you have atrial fibrillation?		
Do you have coronary artery disease?		
Do you have heart failure?		
Do you have lung disease such as COPD or pulmonary fibrosis?		
Have you ever undergone general anesthesia?		
Do you have obstructive sleep apnea?		
Have you ever had any head injuries with loss of consciousness?		
Have you ever had any other periods of loss of consciousness?		
Have you had exposure to blast explosions (e.g. during military service?)		
Have you ever sustained a head injury in a motor vehicle collision?		
Have you ever sustained a head injury due to an assault?		
Have you had sports head injuries from: Cycling, Boxing, Football, Soccer, Lacrosse, Hockey, Basketball, Baseball/Softball, Snowboarding, Skiing or Skating?		