



Wisconsin Psychiatric Institute & Clinics
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Madison, WI 53719-1176

608.263.6100
608.263.0265 Fax

Name _____ Appt Date _____

Why are you coming to UW Psychiatry and did someone refer you to us?

Psychiatric History:

Have you seen a psychiatrist or therapist in the past? YES NO
Please list below

Have you ever been diagnosed with a psychiatric or mental health disorder? YES NO

Table with 4 columns: Disorder Name, Y, N, Y, N. Rows include Depression, Bipolar Disorder, Anxiety, Panic Attacks, Social Anxiety, Post traumatic Stress Disorder, Anorexia, Bulimia, Addictions of any kind, Schizophrenia, Schizoaffective, Psychosis, Attention Deficit/Hyperactivity Disorder, Learning Disorder, Dementia, Pathological Gambling, Alcohol or drug abuse.

Have you ever been hospitalized for mental health treatment? YES NO
If you indicated yes, please explain:

Please circle the psychiatric medication that you have taken in the past:

- Buspar – buspirone, Celexa – citalopram, Cymbalta – duloxetine, Effexor – venlafaxine, Lexapro – escitalopram, Luvox – fluvoxamine, Ambien – zolpidem, Lunesta – eszopiclone, Rozerem – ramelteon, Desyrel – trazadone, Depakote – divalproex, Lithium – eskalith, Tegretol – carbamazepine, Lamictal – lamotrigine, Abilify – aripiprazole, Clozaril – clozapine, Geodon – ziprasidone, Risperdal – risperidone, Seroquel – quetiapine, Zyprexa – olanzapine, Haldol – haloperaldol, Trilafon – perphenazine

Please list any additional psychiatric medication that you have taken in the past:

Family Psychiatric History and Medical History

Have any of your family members suffered from any of the above listed psychiatric disorders? Please explain:

Current or Chronic Illnesses:

Please list current medications and doses including over the counter medications and herbs and vitamins:

Allergies and reaction _____

Do you use tobacco products and if so how much? _____

How often and what kind of caffeinated beverages do you use? _____

How many beer, glasses of wine, mixed drinks, shots do you typically have in an average week? _____

Have you ever felt that you need to cut down on your drinking? YES NO

Have people criticized your drinking? YES NO

Have you ever felt guilty about your drinking? YES NO

Have you ever felt a need to have a drink in the morning to steady your nerves? YES NO

Have you ever had a DWI? YES NO

Do you smoke marijuana or use any other drugs and how often? _____

Are you currently involved in any legal problems? YES NO Please explain if answered yes: _____

Social History:

Where did you grow up and explain your family of origin (parents, siblings) and briefly describe your childhood:

Have you been a victim of abuse? YES NO

Current Living situation: _____

Do you feel safe in your current living situation? YES NO _____

Marital History and number and ages of children if applicable _____

Education and current employment _____

Current support systems _____

Please list any additional information that you think I should know or that you would like to discuss at today's visit.

What are your goals for psychiatric treatment?