

DEPRESSION QUESTIONNAIRE

Last Name: _____ First Name: _____ MI: _____
Age: _____ DOB: _____
Phone: _____ Secondary Phone: _____
Email: _____
Address: _____
Emergency Contact: _____
How did you hear about our clinic? _____

CURRENT MEDICATIONS:

Are you currently taking any MAOI inhibitors? _____
Selegiline (Emsam) Isocarboxazid (Marplan) Phenelzine (Nardil) Tranylcypromine (Parnate)

Are you currently pregnant, breast feeding or planning on becoming pregnant? _____
ALLERGIES (Medications and/or Food):

CURRENT AND PREVIOUS PSYCHIATRIC DIAGNOSIS:

Previous Surgeries:

Past Medical History: _____

How long have you had depression? _____

Have you had thoughts of suicide? _____

Have you ever been hospitalized in an in-patient psychiatric unit? _____

What medications have helped you in the past? _____

PRIMARY CARE DOCTOR:

Name: _____ Address: _____ Phone: _____

Have you had brain surgery, tumors, or blood vessel malformations in the past? _____

Do you have high blood pressure? _____

What medications do you take for blood pressure?

Have you ever had or do you currently have a seizure disorder? _____

What medications do you take for seizures? _____

Are you currently taking narcotic (opiate) pain medications? _____

What medications? _____

Are you currently taking benzodiazepines or mood stabilizers?

Which ones? _____