MEDICAL PSYCHOLOGY ASSOCIATES

PATIENT INTAKE / HISTORY FORM

YOUR INFORMATION

Name: _____ **DOB:** _____

Address: _____

City _____ **FL** *ZIP Code* _____

Phones: **Home** _____ **Cell** _____ **Work** _____

Email: _____ **Are you a registered voter?** ☐**yes** ☐**no**

YOUR RELATIONSHIP TO PATIENT

☐ Self ☐Parent ☐ Family ☐ Spouse ☐ Brother/Sister ☐ Friend ☐ Other/ Practitioner

☐ Legal Guardian ☐ Other _____

MEDICAL PROBLEMS (Please check all that apply.)

Pain

☐ headaches ☐ joint pain ☐ abnormal muscle contractions ☐ pain during menses ☐ pain during urination

☐ back pain ☐ chest pain ☐ stomach pain ☐ rectum pain ☐ arm/leg pain ☐ pain during sex

Gastro-intestinal problems

☐ bloating ☐ nausea ☐ diarrhea ☐ food intolerance ☐IBS ☐ vomiting (not during pregnancy)

☐ ulcers* ☐pancreatitis* ☐Gastritus* ☐other gasto-intestinal problems

Other problems

☐ anemia ☐ cancer ☐ high blood pressure ☐ hard to pass urine ☐ diabetes

☐ heart disease ☐ liver disease ☐ immune disorder ☐ 'leaky' urine ☐ osteoporosis ☐ stroke ☐ gout

Sexual problems

☐ irregular period* ☐ inability to orgasm Other _____

☐ lack of interest in sex ☐ erectile dysfunction* ☐ excessive menstrual bleeding ☐ vomiting all 9 months of pregnancy

Neurological problems

☐poor vision ☐ blindness ☐ loss of voice ☐ poor hearing ☐ coordination problems ☐ muscle weakness

☐ tremors ☐urinary retention ☐ lump in the throat ☐ heart palpitations ☐ double vision ☐ difficulty swallowing

☐ fainting ☐ seizures ☐ paralysis ☐ dizziness ☐ speech problems ☐ ringing in the ears

☐ stroke ☐ aneurysm ☐ brain tumor ☐ Parkinson's ☐ problems walking ☐ cerebral palsy ☐ MS

☐ numbness to touch ☐ neuropathy ☐ sometimes unable to hear ☐ sometimes unable to see

☐shortness of breath ☐Allergies? _____ ☐ doctors can't find what's wrong

MENTAL / EMOTIONAL PROBLEMS (Please check all that apply.)

☐ schizophrenia	☐ anxiety*	☐ drug abuse	☐	☐ mental retardation	☐ stroke
☐ seeing things	☐ irrational fears	☐ alcohol abuse	☐ Suicidal thoughts	☐ Learning Disorder	☐ memory
☐ hearing voices	☐ phobias	☐ risky behaviors	☐ no motivation	☐ can't make change	☐
☐ psychosis	☐ concentration	☐ hostility	☐ suicide attempts	☐ slow learning	☐ TBI
☐ suspicious	☐ panic attacks	☐ aggression	☐ sleep problems	☐ problems reading	☐ head injury
☐ strange beliefs	☐ autism	☐ ADHD	☐	☐ cutting	☐ was in a coma
☐compulsions	☐ hate crowds	☐	☐ sadness*	☐eating disorder	☐
☐sex problems	☐ PTSD	☐	☐ depression*	☐binging/purging	☐ cant leave house

YOU APPLY FOR SSI DISABILITY?

☐ NO ☐ yes.

If yes, what happened? ☐ got accepted-I'm getting SSI ☐turned down and I didn't reapply ☐turned down and I'm appealing

☐ do you have an SSI attorney? Who? _____

☐ How you hear about this program? _____

HOW DOES IT AFFECT YOUR LIFE? (Please check all that apply.)

independence, appropriateness, effectiveness, sustainability

- ☐ I can't use the phone
- ☐ I can't go to the store
- ☐ I can't comb/brush my hair
- ☐ I can't bathe myself
- ☐ I can't write/mail letters
- ☐ I gained ___ lbs over the last ____ months
- ☐ I lost ___ lbs over the last ____ months
- ☐ other _____
- ☐ I can't drive
- ☐ I can't clean
- ☐ I can't shave
- ☐ I can't cook
- ☐ I cry all day
- ☐ I have alienated my family
- ☐ I have alienated my kids
- ☐ arguments with cashiers/store clerks
- ☐ arguments with my family
- ☐ arguments with my neighbors
- ☐ I have been fired from a lot of jobs
- ☐ I get in a lot of fist fights
- ☐ I can't keep a relationship
- ☐ I don't have any friends
- ☐ I can't get to sleep at night
- ☐ I wake up several times a night
- ☐ wake up too early, can't get back to sleep
- ☐ I never feel rested
- ☐ I don't want to leave the house
- ☐ I cry at inappropriate/bad times
- ☐ I have been evicted several times
- ☐ I don't like large crowds of people

WHY DO YOU HAVE THESE PROBLEMS? (Please check all that apply.)

- ☐ It makes me upset to think how I can't do the things I used to do
- ☐ I worked my whole life, and I deserve to get disability
- ☐ I put money into the system my whole life, and I deserve to get disability
- ☐ my medical / physical problems are the biggest limitations
- ☐ I can't move my body due to my pain / joint problems / medical condition
- ☐ chemical imbalance
- ☐ I have pain all the time
- ☐ I can't pay my bills because I have no money
- ☐ other groups of people get it, why can't I?
- ☐ other _____

FAMILY HISTORY (Please check all that apply.)

Anyone in your family (relatives or ancestors) ever have any mental or emotional problems? ☐yes ☐no

Who _____ what problems? _____

Who _____ what problems? _____

Who _____ what problems? _____

Anyone in your family (relatives or ancestors) ever have any **drug / alcohol** problems? ☐yes ☐no

Who _____ what problems? _____

Who _____ what problems? _____

Who _____ what problems? _____

Were you adopted? ☐yes ☐no

What kind of work did your parents do? _____

Where you grow up? ☐FL somewhere else-where? _____

When you move to FL? _____ why? _____

What was your childhood like? Describe _____

_____

What were your teen years like? Describe _____

_____

Were you ever placed in foster care or you ever live with other adults? _____

Were you ever abused as a child? Describe _____

Who were you closest to? _____ why? _____

EDUCATION ----- DID NOT GRADUATE HIGH SCHOOL

your last grade ______ ☐kicked out ☐quit Why you stop? ______

What happened the last day? ☐finished the day and didn't go back ☐left in the middle of the day ☐finished the year and didn't return

If quit, what did someone do to make you quit? ______

If kicked out, what you do that got you expelled? ______

You attend GED classes? ☐yes ☐no how many classes?________ You complete the GED? ______

Why you stop going to GED classes? ______

EDUCATION ----- EVERYONE

Type of classes ☐ESE ☐regular classes ☐IEP and mainstreamed in regular classes

How many elementary schools attended? ____ How many middle schools attended? ____ How many high schools attended? ____

How often you skip school? ______

How often were you disciplined? ______ suspended? ______ expelled? ______

What you do to be disciplined? ______

What high school activities you do as a child? ☐sports teams ______ ☐clubs ______

☐ROTC ☐cheerleader ☐church activities ______ ☐other ______

☐boy scouts ☐soccer

EDUCATION ----- HIGH SCHOOL GRADUATES

☐ I graduated from HS ☐ attended vocational / technical training in high school How old were you when you graduated? _____

School ______ subject ______

☐Carpentry ☐CNA ☐plumbing ☐Electrical ☐beautician ☐auto mechanic

Why you stop? ______

TRAINING SCHOOLS / VOCATIONAL SCHOOLS / COLLEGES

School ______ grad? ☐yes☐no Subject/major ______ Degree ______

☐full time ☐part time from year ____ to year _____ graduate on time? ☐yes☐no

Why you stop? ______

School ______ grad? ☐yes☐no Subject/major ______ Degree ______

☐full time ☐part time from year ____ to year _____ graduate on time? ☐yes☐no

Why you stop? ______

School ______ grad? ☐yes☐no Subject/major ______ Degree ______

☐full time ☐part time from year ____ to year _____ graduate on time? ☐yes☐no

Why you stop? ______

School ______ grad? ☐yes☐no Subject/major ______ Degree ______

☐full time ☐part time from year ____ to year _____ graduate on time? ☐yes☐no

Why you stop? ______

School ______ grad? ☐yes☐no Subject/major ______ Degree ______

☐full time ☐part time from year ____ to year _____ graduate on time? ☐yes☐no

Why you stop? ______

[redacted]

MARITAL STATUS / LIVING SITUATION		
☐single never married	ARE YOU MARRIED NOW???	**NOT** MARRIED NOW
	☐married ☐live with significant other	☐divorced ☐separated ☐widowed
	For how long? _____	how long divorced? _____
		how long had you been married? _____
	Number of times married in your life____	Number of times married in your life____

Number of **children** you had, in your life? _____

Ever investigated by DCF? _____

Ever lose custody of your kids or your kids live with anyone else? _____

Describe your relationship with your kids _____

Ever lived with a boyfriend or girlfriend (other than spouse)? ☐yes ☐no how many? _____

How many years was your longest relationship? ____ What happened that it ended? _____

When your last relationship end? ____ How long did it last? ____ What happened that it ended? _____

Number of adults in the house _____ who? _____

☐single family house ☐apartment ☐duplex ☐trailer ☐condo ☐other _____

Any minors in the house? Names and ages _____ Pets? _____

MILITARY

☐ NONE ☐Army ☐Navy ☐Marines ☐Air Force ☐ Coast Guard ☐National Guard

Times you enter the service?_____ how long were you in each time? _____

DISCHARGE: ☐honorable ☐general under honorable ☐general other than honorable ☐badconduct ☐dishonorable
☐administrative (basis_____) ☐void-enlistment or induction ☐misconduct ☐parenthood ☐weightcontrol ☐entrylevel

What rank you leave as? ☐E1 ☐E2 ☐E3 ☐E4 ☐E5 (sergeant/petty officer) ☐E6 ☐E7 ☐E8 ☐E9 Ever demoted? _____

What was your job/duty?_____

Were you disciplined? ☐yes ☐no describe_____

Marine Corps-ever get Office Hours, Page 11 entry, NJP, Court Martial, Article 15? _____

Navy-ever get Captain's Mast, Chief's Mast, Court Martial, NJP, Article 15? _____

Air Force-ever get Letter of Reprimand, UIF, NJP, Article 15, Court Martial? _____

Army-ever get Letter of Counseling, NJP, Article 15 (company versus field grade), Court Martial? _____

Why you leave the military? _____

LEGAL

Ever had a workers comp attorney? ☐yes ☐no how many? _____

Ever had an attorney for a slip and fall accident? ☐yes ☐no how many? _____☐defendant ☐plaintiff?

Ever had an attorney for a motor vehicle accident? ☐yes ☐no how many? _____☐defendant ☐plaintiff?

Ever sue a doctor? ☐yes ☐no how many?_____

Ever had a criminal attorney? ☐yes ☐no how many?_____

Do you have an attorney now? ☐yes ☐no for what?____ _____

CRIMINAL HISTORY

Have you ever been arrested? ☐yes ☐no Number of times_____

☐fighting	☐drug possession	☐child support	☐credit cards	☐grand theft	☐VOP
☐domestic violence	☐drug sales	☐child abuse	☐bad checks	☐stolen property	☐resisting arrest
☐murder	☐paraphernalia	☐elder abuse	☐stolen identity	☐shoplifting	☐flee & elude
☐attempted murder	☐DUI	☐sex offense	☐embezzlement	☐burglary	☐trespassing
☐assault with deadly weapon	☐drunk & disorderly	☐leaving scene of accident	☐elder exploitation	☐criminal mischief	☐high speed chase
☐kidnapping	☐open container	☐DWSL	☐fraud	☐arson	☐curfew
☐firearm by felon	☐armed robbery	☐vehicular homicide	☐counterfeiting	☐blackmail	☐violating injunction

Ever been to prison? ☐yes ☐no Number of times_____ Last released from jail or prison? _____

Are you on probation/parole now? ☐yes ☐no until when?_____

Are you facing any charges? ☐yes ☐no what charges?

JOBS

☐plant nursery	☐farming	☐lawn maint	☐janitor	☐tractor driver	☐packng house	
☐construction	☐plumbing	☐garbage man	☐day labor	☐drywall	☐house painter	☐masonry
☐ barber	☐ hair stylist	☐ nail tech	☐hairdresser	Other___		
☐baker	☐deli	☐bagger	☐cashier	☐housekeeping	☐house cleaning	☐laundry
☐factory	☐forklift	☐retail sales	☐security	☐warehouse	☐convenience store	
☐day care	☐dietician	☐CNA	☐home health aid	☐medical assistant	Other___	
☐secretary	☐customer service	☐office work	☐receptionist	☐file clerk	Other___	
☐bartender		☐fast food	☐cook	☐waiter/waitress	☐dishwasher	☐table busser
☐car sales	☐telemarketing	☐B2B sakes	☐door 2 door	☐insurance sales	Other___	
☐ teacher aid	☐school bus driver	☐bus patrol	Other___			
☐data entry	☐bookkeeper	☐bank teller	Other___			
☐car detailing	☐auto mechanic	☐taxi driver	☐truck driver	☐delivery driver	Other___	

Number of times you have been fired from a job ___

Number of times you walked off from a job ___

Number of times you were absent without calling in ___

Ever been disciplined unfairly? ___

What kinds of 'under the table' work have you done?___ ___

Ever drank alcohol or used drugs (or been accused) during or just prior to work?___

Ever slept or been accused of sleeping on the job?___

Ever been accused of taking something without permission from work? ___

Ever been accused of sexual harassment or discrimination?___

Last employment positions

Employer ___ how long?___ when ended? ___

What work you do there? ___

Why stop? ☐quit ☐fired ☐laid off what happened? ___

Employer ___ how long?___ when ended? ___

What work you do there? ___

Why stop? ☐quit ☐fired ☐laid off what happened? ___

Employer ___ how long?___ when ended? ___

What work you do there? ___

Why stop? ☐quit ☐fired ☐laid off what happened? ___

Employer ___ how long?___ when ended? ___

What work you do there? ___

Why stop? ☐quit ☐fired ☐laid off what happened? ___

Employer ___ how long?___ when ended? ___

What work you do there? ___

Why stop? ☐quit ☐fired ☐laid off what happened? ___

Employer ___ how long?___ when ended? ___

What work you do there? ___

Why stop? ☐quit ☐fired ☐laid off what happened? ___

ALCOHOL

What forms of alcohol have you tried? ☐beer ☐wine ☐liquor ☐cooking wine ☐Everclear ☐mouthwash ☐Vanilla ☐cough syrup ☐Nyquil ☐soy sauce ☐cooking spray ☐homemade alcohol / moonshine ☐after shave ☐rubbing alcohol ☐perfume ☐Windex ☐Pine Sol ☐wet wipes ☐hand sanitizers ☐deodorant

What methods have you tried? ☐by mouth ☐injected ☐by anus ☐snorting

Do you think you have ever any problems with alcohol? ☐yes ☐no **If so, HOW** your use of alcohol cause problems in your life?

_____

How old were you when you had your first alcohol? _____ What was your first drink? _____

Ever drink daily? ☐yes☐no Ever drink 3 or more times per week? ☐yes☐no How many drinks you have per day? ____

How old were you when you began drinking like this? _____ for how long you drink like this? _____

IN THE PAST YEAR:

Times you drank more than intended? ___ Times you wanted to cut down your drinking? ____

Times you had a drink with lunch? _____ Times you had more than one drink with lunch? _____

Times you showed up to work hung over? _____ Times you showed up to work still intoxicated? _____

Times were you late to work due to alcohol? _____ Times you missed work due to alcohol? _____

Times you left work early due to alcohol? _____ Times your work colleagues / bosses asked you to cut down or stop? _____

Times friends asked you to cut down or stop? _____ Times family asked you to cut down or stop? _____

Times you missed important dates, family events, or celebrations due to alcohol? _____

Times your drinking cause problems in your relationships? ____ How? _____

What social or recreational activities have you cut down on because of alcohol? _____

Times you drank and drove? _____ Times you drank and operated power tools or machinery? _____

Experienced any 'morning after' symptoms: anxiety____ jumpiness____ shakiness_____ trembling____ sweating____

nausea____ vomiting____ depression____ irritability____ fatigue____ headache____ No appetite____ confused____

seizures____ fever____ agitation____

Time per week do you spent getting alcohol, drinking, and recovering? _____ Had a craving, strong desire, or urge to drink? ____

IN YOUR LIFE:

Times you drank and took prescription drugs? ___ Times you blacked out? _____ Ever burnt yourself while drinking? _____

Times you used mouthwash, cologne, or toothpaste to mask the smell of alcohol on your breath? _____

Times you hid alcohol in a cup or soda bottle? _____ Times you hid bottles of alcohol? _____

Times you spent money on alcohol that you should have spent elsewhere? _____ Ever got into a fight while drinking? ____

When you were drinking the heaviest, did all your friends drink? ☐yes ☐no Ever had alcohol poisoning? _____

Times have you met someone, while drinking, and had sex with them later that night? ___

Did you do something while intoxicated that you later regretted? What? _____

Times you tried to stop drinking? _____ Why? _____

Times have you relapsed? _____

TREATMENT

Ever have any treatment for alcohol? ☐yes ☐no number of inpatient programs_____ number of outpatient programs_____

Number times you attended DUI school _____ Number times you attended AA_____

What you learn about your use of alcohol? _____

What you learn about your triggers? _____

When you have your last alcohol? _____ What you drink? _____ how many? _____

OTHER

Have you ever had a gambling problem? Describe _____

Do you smoke cigarettes? ☐yes ☐no how much? _____

Use any other tobacco? ☐yes ☐no what?_____

Have you ever had any other compulsive or addictive problems? ☐yes ☐no explain _____

DRUGS

What drugs what you tried?

BARBITUATES ☐reds ☐yellows ☐amytal ☐phenobarbital ☐secanol ☐Nembutal ☐Ativan ☐halcion ☐valium ☐Xanax ☐Klonopin

CANABINOIDS ☐marijuana ☐hashish ☐hash oil ☐mephedrone ☐BZP ☐K2/spice ☐synthetic pot ☐brownies ☐other

HALLUCINOGENICS ☐LSD ☐ketamine ☐mushrooms ☐psilocybin ☐phencyclidine ☐PCP/angel dust ☐Salvia ☐mescaline ☐Dextromethorphan / DXM / robo ☐other hallucinogenic_____

OPIOIDS ☐oxy ☐methadone ☐Vicodin ☐kava ☐fentanyl ☐heroin ☐codeine ☐opium ☐Percodan ☐Demerol ☐Darvocet

AMPHETAMINES ☐meth ☐crack ☐cocaine ☐ ☐khat ☐MDPV/Magic ☐adderal ☐ritalin ☐other

INHALANTS ☐glue ☐paint ☐Freon ☐propane ☐butane ☐paint thinner ☐gasoline ☐nail polish remover ☐hair spray ☐laughing gas ☐ether ☐poppers ☐computer duster ☐whippets ☐nitrites ☐whipped cream ☐chloroform ☐other

CLUB DRUGS ☐ MDMA/ecstasy ☐roofies ☐GHB ☐bath salts ☐other

What methods have you tried? ☐by mouth ☐injected ☐smoked ☐inhaled ☐by anus ☐snorted

Do you think you have ever any problems with drugs? ☐yes ☐no **If so, HOW** your use of drugs cause problems in your life? _____

_____

How old were you when you had your first drug? _____ What you use/try?

You every use daily? ☐yes ☐no You ever use 3 or more times per week? ☐yes ☐no

How old were you when you began using like this? _____ for how long you use like this? _____

IN THE PAST YEAR:

Times you used more than intended? ___ Times you wanted to cut down your using? ____

Times you used during lunch? _____ Times you used more than once during lunch? _____

Times you showed up to work hung over? _____ Times you showed up to work still high? _____

Times were you late to work due to drugs? _____ Times you missed work due to drugs? _____

Times you left work early due to drugs? _____ Times your work colleagues / bosses asked you to cut down or stop? _____

Times friends asked you to cut down or stop? _____ Times family asked you to cut down or stop? _____

Times you missed important dates, family events, or celebrations due to drugs? _____

Times drugs caused problems in your relationships? ____ How? _____

What social or recreational activities have you cut down on because of drugs? _____

Times you used and drove? _____ Times you used and operated power tools or machinery? _____

Time per week do you spent getting drugs, using, and recovering? _____ Had a craving, strong desire, or urge to use? ____

IN YOUR LIFE:

Times you used mouthwash, cologne, or toothpaste to mask the smell of drugs on your breath? _____

Times you spent money on drugs that you should have spent elsewhere? _____

When you were using the heaviest, did all your friends use? ☐yes ☐no

Times you blacked out? _____ Times have you met someone, while using, and had sex with them later that night? ___

Did you do something while intoxicated that you later regretted? What? _____

Times you tried to stop using? _____ Why? _____

Times have you relapsed? _____ Why? _____

Ever have any treatment for drugs? ☐yes ☐no number of inpatient programs_____ number of outpatient programs_____

Number times you attended DUI school _____ Number times you attended NA_____

What you learn about your use of drugs? _____

What you learn about your triggers? _____

When you last used drugs? _____ What you use? _____ how many? _____

PSYCHIATRY / PSYCHIATRIC MEDICATIONS

Are you seeing a psychiatrist now? ☐yes ☐no Have you ever in the past? ☐yes ☐no

Are you taking any psychiatric medications now? ☐yes ☐no

MEDICATIONS: PAST OR PRESENT

1-Name_____ amount_____ times per day_____ doctor_____

Date prescribed_____ number prescribed_____ number left_____

2-Name_____ amount_____ times per day_____ doctor_____

Date prescribed_____ number prescribed_____ number left_____

3-Name_____ amount_____ times per day_____ doctor_____

Date prescribed_____ number prescribed_____ number left_____

4-Name_____ amount_____ times per day_____ doctor_____

Date prescribed_____ number prescribed_____ number left_____

Have you ever tried to hurt yourself? Describe_____

Have you ever cut yourself on purpose? Describe _____

Have you ever had a problem with binging / purging? Describe _____

Have you ever had a problem with starving yourself? Describe _____

Have you ever drank anything poisonous on purpose? Describe _____

_____

Have you ever eaten anything poisonous on purpose? Describe _____

_____

Have you ever pulled your hair out? Describe _____

Have you ever burned yourself on purpose? Describe _____

Have you ever tried to overdose on purpose? Describe _____

Have you ever drove at high speeds, hoping you might crash? Describe _____

Have you ever tried to hurt yourself in any other way? Describe _____

MENTAL HOSPITALS

Times have you been admitted to a mental hospital in your life? _____

Last time – Year_____ city_____ hospital_____

What were doing that people thought you should be in a hospital? _____

Prior time – Year_____ city_____ hospital_____

What were doing that the people thought you should be in a hospital? _____

Prior time – Year_____ city_____ hospital_____

What were doing that the people thought you should be in a hospital? _____

First time - Year? _____ city_____ hospital_____

What were doing that the people thought you should be in a hospital? _____

OUTPATIENT COUNSELING

Are you seeing a psychotherapist or counselor now? (NOT psychiatrist or Nurse Practitioner) ☐yes ☐no

Counselor's Name_____ agency_____

how often are you going?_____ date last seen?_____

Number of times you have seen this counselor?_____ Has it been helpful? ☐yes ☐no

how has your life improved?_____

_____

PREVIOUS COUNSELORS: YOU EVER HAVE ANY COUNSELING? ☐yes ☐no

1-When seen?_____ why you go?_____

Counselor's Name_____ agency_____

Number of times you saw this counselor?_____ Was it helpful? ☐yes ☐no

how your life improve?_____

2-When seen?_____ why you go?_____

Counselor's Name_____ agency_____

Number of times you saw this counselor?_____ Was it helpful? ☐yes ☐no

how your life improve?_____

3-When seen?_____ why you go?_____

Counselor's Name_____ agency_____

Number of times you saw this counselor?_____ Was it helpful? ☐yes ☐no

how your life improve?_____

_____