

Name:

Date of first appointment:

Address:

Phone:

DOB:

Person to contact in case of Emergency:

Relationship:

Phone #:

From which illnesses have you suffered in the past?

Medical/psychiatric/drug & alcohol :

Current Concern: Briefly, what brings you to request an appointment with Dr. Belsare?

ARE YOU EXPERIENCING ANY OF THE FOLLOWING?

- Weight loss or gain
- Fatigue
- Trouble sleeping

- Headache
- Pain, where? _____

- Stiffness
- Chest pain or discomfort
- Palpitations
- Shortness of breath with activity
- Difficulty breathing lying down

- Nausea
- urinary Burning or pain
- Blood in urine
- Incontinence

- Calf pain with walking Leg cramping
- Muscle or joint pain
- Stiffness
- Back pain
- Redness of joints
- Swelling of joints

If you have no pain, proceed to the next page.

If you have pain, what is the quality of the pain?

- __burning
- __tightness
- __stabbing
- __dull ache
- __stabbing
- __radiating
- __throbbing
- __hot and swollen
- __ other _____

If you have pain, what is the usual intensity of the pain? 0-10 scale, 10 being unbearable pain:

If you have pain, what's the worst it gets on the same 0-10 scale:

How often do you have flare ups:

What makes the pain worse?

What makes the pain better?

Have or are you taking opioid pain medications?

Have you ever used a TENS unit?

Have you had steroid shots?

Have you had nerve ablation?

Have you had physical therapy or chiropractic care for your pain?

Have you had surgery for your pain?

Have you used alternative therapies for your pain such as Reike, massage, acupuncture, aromatherapy, or EFT?

Has your pain lasted for more than 3 months?

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

- 1) 0- I don't not feel sad.
1- I feel sad.
2- I am sad all the time and I can't snap out of it.
3 I am so sad and unhappy that I can't stand it.
- 2) 0- I am not particularly discouraged about the future.
1- I feel discouraged about the future.
2- I feel like I have nothing to look forward to.
3- I feel the future is hopeless and that things cannot improve.
- 3) 0- I do not feel like a failure.
1- I feel I have failed more than the average person.
2- As I look back on my life, all I can see is a lot of failures.
3- I feel I am a complete failure as a person.
- 4) 0- I get as much satisfaction out of things as I used to
1- I don't enjoy things the way I used to
2- I dont get real satisfaction out of anything anymore.
3- I am dissatisfied or bored with everything.
- 5) 0- I don't feel particularly guilty.
1- I feel guilty a good part of the time.
2- I feel quite guilty most of the time.
3- I feel guilty all of the time.
- 6) 0- I don't feel I am being punished.
1- I feel like I may be punished.
2- I expect to be punished.
3- I feel I am being punished.
- 7) 0- I don't feel disappointed in myself.
1- I am disappointed in myself.
2- I am disgusted with myself.

- 3- I hate myself.
- 8) 0- I don't feel I am worse than anybody else.
1- I am critical of myself for my weaknesses or mistakes.
2- I blame myself all the time for my faults.
3- I blame myself for everything bad that happens.
- 9) 0- I don't have any thoughts of killing myself.
1- I have thoughts about killing myself, but I would not carry them out.
2- I would like to kill myself.
3- I would kill myself if I had the chance.
- 10) 0- I don't cry anymore than usual.
1- I cry now more than I used to.
2- I cry all the time now.
3- I used to be able to cry, but now I can't cry even though I want to.
- 11) 0- I am no more irritated by things than I ever was.
1- I am slightly more irritated now than usual.
2- I am quite annoyed or irritated a good deal of the time now.
3- I feel irritated all the time.
- 12) 0- I have not lost interest with other people.
1- I am less interested in other people than I used to be.
2- I have lost most of my interest in other people.
3- I have lost all of my interest in other people.
- 13) 0- I make decisions about as well as I ever could.
1- I put off making decisions more than I used to.
2- I have greater difficulty in making decisions than I used to.
3- I can't make decisions at all anymore.
- 14) 0- I don't feel that I look any worse than I used to.
1- I am worried that I am looking old or unattractive.
2- I feel there are permanent changes in my appearance that make me look unattractive.

- 3- I believe I look ugly.
- 15) 0- I can work about as well as before.
1- It takes an extra effort to get started at doing something.
2- I have to push myself very hard to do anything.
3- I can't do any work at all.
- 16) 0- I can sleep as well as usual.
1- I don't sleep as well as I used to.
2- I wake up 1-2 hours earlier than usual and I find it hard to get back to sleep.
3- I wake up several hours earlier than I used to and cannot get back to sleep.
- 17) 0- I don't get more tired than usual.
1- I get tired more easily than I used to.
2- I get tired from doing almost anything.
3- I am too tired to do anything.
- 18) 0- My appetite is no worse than usual.
1- My appetite is not as good now as it used to be.
2- My appetite is much worse now.
3- I have no appetite at all anymore.
- 19) 0- I haven't lost much weight, if any, lately.
1- I have lost more than 5 pounds.
2- I have lost more than 10 pounds.
3- I have lost more than 15 pounds.
- 20) 0- I am no more worried about my health than usual.
1- I am worried about physical problems like aches, pains, upset stomach or constipation.
2- I am very worried about physical problems and it's hard to think of much else.
3- I am so worried about my physical problems that I cannot think of anything else.

- 21) 0- I have not noticed any recent change in my interest in sex.
1- I am less interested in sex than I used to be.
2- I have almost no interest in sex.
3- I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the 21 questions by counting the number to the right of each question you marked. You can evaluate your depression according to the table below.

Total Score- _____

Levels of Depression

1-10 _____	Normal ups and downs
11-16 _____	Mild mood disturbance (dysthymia)
17-20 _____	Mild clinical depression
21-30 _____	Moderate Depression
31-40 _____	Severe Depression
Over 40 _____	Extreme depression