

Welcome to Ultimate Professional Services!

To provide the highest quality of care, please provide the following information.

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First M.I. Last

**Date of Birth**:\_\_\_\_\_\_\_\_\_\_ **Gender**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other #**:\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone#**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Guardian?** \_\_Yes \_\_No **Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone#**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax#**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Psychiatric Condition(s)**: \_\_Depression \_\_Bipolar Disorder \_\_Psychosis \_\_Anxiety

\_\_PTSD \_\_OCD \_\_Eating Disorder \_\_ADHD \_\_Autism \_\_Tics \_\_Addiction \_\_Personality Disorder

Have you ever been psychiatrically hospitalized? \_\_Yes \_\_No

 Date Length of Stay Location Reason

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Have you ever been treated with ECT? \_\_Yes \_\_No

Have you ever attempted to harm or kill yourself? \_\_Yes \_\_No

Age Manner

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**Allergies**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Medications**: (plus supplements, OCPs and over-the-counter medications)

 Name. Dosage Frequency

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**Family History**:

 Father Mother Sister Brother Aunt Uncle Cousin Child Grandfather Grandmother

|  |  |  |  |  |  |  |  |  |  |  |
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| Depression  |   |   |   |   |   |   |   |   |   |   |
| Bipolar Disorder  |   |   |   |   |   |    |   |   |   |   |
| Anxiety  |   |   |   |   |   |   |   |   |   |   |
| PTSD  |   |   |   |   |   |   |   |   |   |    |
| OCD  |   |   |   |   |    |   |   |   |   |    |
| ADHD  |   |   |   |   |   |   |   |   |   |    |
| Autism  |   |   |   |   |   |   |   |   |   |   |
| Schizophrenia  |   |   |   |   |   |   |   |   |   |   |
| Tic Disorder  |   |   |   |   |   |   |   |   |   |   |
| Alcoholism  |   |   |   |   |   |   |   |   |   |   |
| Drug use  |   |   |   |   |   |   |   |   |   |   |
| Personality Disorder  |   |   |   |   |   |   |   |   |   |   |

**Medical History**: (Chronic illness, surgeries, hospital stays)

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**Tobacco**:\_\_\_\_\_\_\_\_\_\_\_\_ **Alcohol**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Drugs**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Substance Treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship Status**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children #:\_\_\_\_ Marriage #:\_\_\_ Divorces #:\_\_\_ Others in home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Highest Educational Level**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment**: \_\_Full-Time \_\_Part-Time \_\_Retired \_\_Disabled \_\_Student \_\_Unemployed **Occupation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Care Physician**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psychiatrist**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Medications:**  Please circle all previously prescribed medications.

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| Luvox (Fluvoxamine) | Abilify (Aripiprazole)  | Dalmane (Flurazepam)  |
| Paxil (Paroxetine) | Risperdal (Risperidone)  | Clonazepam (Klonopin)  |
| Celexa (Citalopram)  | Invega (Paliperidone)  | Lorazepam (Ativan)  |
| Lexapro (Escitalopram)  | Geodon (Ziprasidone)  | Alprazolam (Xanax)  |
| Zoloft (Sertraline)  | Zyprexa (Olanzapine)  | Diazepam (Valium)  |
| Prozac (Fluoxetine)  | Seroquel (Quetiapine)  | Temazepam (Restoril)  |
| Trintellix (Vortioxetine)  | Clozapine (Clozaril)  | Librium (chlordiazepoxide)  |
| Effexor (Venlafaxine)  | Saphris (Asenapine)  | Halcion (Triazolam)  |
| Pristiq (Desvenlafaxine)  | Latuda (Lurasidone)  | Rozerem  |
| Cymbalta (Duloxetine)  | Stelazine (Trifluoperazine)  | Ambien (Zolpidem)  |
| Trazodone (Desyrel)  | Haldol (Haloperidol)  | Lunesta (Eszopiclone)  |
| Serzone (Nefazodone)  | Mellaril (Thioridazine)  | Buspar (Buspirone)  |
| Wellbutrin (Bupropion)  | Loxapine (Loxitane)  | Propranolol (Inderal)  |
| Remeron (Mirtazapine)  | Thorazine  | Prazosin (Minipress)  |
| Vibryd (Vilazodone)  | Prolixin (Fluphenazine)  | Tenex (Guanfacine)  |
| Doxepin (Adapin)  | Orap (Pimozide)  | Clonidine (Catapres)  |
| Clomipramine (Anafranil)  | Navane (Thiothixene)  | Cylert (Pemoline)  |
| Amoxapine (Asendin)  | Trilafon (Perphenazine)  | Methylphenidate (Ritalin)  |
| Amitriptyline (Elavil)  | Moban (Molindone)  | Adderall  |
| Maprotiline (Ludiomil)  | Lamictal (Lamotrigine)  | Dexedrine (d-amphetamine)  |
| Desipramine (Norpramin)  | Lithium  | Vyvanse  |
| Nortriptyline (Pamelor)  | Depakote (Valproic Acid)  | Daytrana  |
| Doxepin (Sinequan)  | Tegretol (Carbamazepine)  | Concerta  |
| Trimipramine (Surmontil)  | Campral (Acamprosate)  |   |
| Imipramine (Tofranil)  | Antabuse (Disulfiram)  |   |
| Protriptyline (Vivactil)  | Suboxone (Buprenorphine)  |   |
| Nardil (Phenelzine)  | Methadone  |   |
| Emsam (Selegiline)  | Naltrexone (Vivitrol, Revia)  |   |
| Parnate (Tranylcypromine)  | Ketamine  |   |
| Marplan (Isocarboxazid)  |   |   |