Logo

Description automatically generated with medium confidence

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

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

Age Manner

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

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

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

Name. Dosage Frequency

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Family History**:

Father Mother Sister Brother Aunt Uncle Cousin Child Grandfather Grandmother

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

|  |  |  |
| --- | --- | --- |
| 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) |  |  |