**PSYCHOSOMATIC INSTITUTE OF SAN ANTONIO**

**PATIENT CLINICAL INFORMATION**

**Name:** First, Middle, Last **Date of birth:** Click on dropdown

**Reason for your visit:** Click to enter reason

**Past Medical history:** Do you suffer or have suffered in the past of: (please check all that apply)

[ ] Parkinson’s disease [ ] Seizures [ ] High Cholesterol

[ ] Multiple Sclerosis [ ] Glaucoma [ ] Thyroid disease

[ ] Head injury [ ] Cancer [ ] Arthritis

[ ] Chronic headaches [ ] Hypertension [ ] Fibromyalgia

[ ] Stroke [ ] Disabled [ ] Diabetes

[ ] Gastric disease [ ] Chronic pain [ ] Lung problems

**Please list the name of your physicians and their information if available:**

Primary care physician: Name of physician

Others by specialty: Name of physician(s) and specialty

**List previous hospitalizations or surgeries:** Click to enter text.

**Past psychiatric history:**

Previous treatments: [ ] yes [ ] no with another psychiatrist: [ ] yes [ ] no

Currently in therapy: [ ] yes [ ] no Previously in therapy: [ ] yes [ ] no

**Ever hospitalized for a psychiatric condition**: [ ] yes [ ] no If yes, how many times: # of times

**When and where were the first and the last hospitalizations:** Click to enter text.

**Marital status:** [ ] Single [ ] Married( # times) [ ] Divorced( # times) [ ] Separated [ ] Widow( # times)

**Name and relation of persons living with you now:** Click and list all here

**Nicotine use:** currently: [ ] yes [ ] no How often: Click to enter text.

Past use: [ ] yes [ ] no When did you quit: Click to enter text.

**Alcohol use:** currently: [ ] yes [ ] no How often: Click to enter text.

Past use: [ ] yes [ ] no When did you quit: Click to enter text.

**Drug use:** currently: [ ] yes [ ] no How often: Click to enter text.

Past use: [ ] yes [ ] no When did you quit: Click to enter text.

**Other addictive problems** (gambling, video games, pornography, etc.): [ ] yes [ ] no

**Legal problems in the past**: [ ] yes [ ] no Describe: Click to enter text.

**Current legal problems**: [ ] yes [ ] no Describe: Click to enter text.

**Higher level of education?** Click to enter text. **Problems in school?** [ ] yes [ ] no

**Current occupation (title)**: Click to enter text. **Place of work**: Click to enter text.

**Do you practice a religion?** [ ] yes [ ] no Describe: Click to enter text.

**Do you have a church affiliation?** [ ] yes [ ] no Describe: Click to enter text.

**What is your spiritual background?** Click to enter text.

**Anyone in your family suffered, diagnosed or treated for a psychiatric condition?** [ ] yes [ ] no

**Parents alive:** [ ] yes [ ] no Cause of death: Click to enter text.

**Number of siblings**: Click to enter text.

**Siblings ill or deceased?** [ ] yes [ ] no Explain: Click to enter text.

**Allergies to medications and reactions:** Click to enter text.

**Are you having general health symptoms now? If so, describe:** Click to enter text.

**Please list all the medications you take and doses if known:**

Click to enter current medications

**Preferred pharmacy:**

Name: Pharmacy name

Address: Street, city, state, and zip

\*\*Please continue to next page\*\*

**MEDICATION HISTORY**

Previous medications: (please check if have taken in the past and note dose and approximate length of time taken):

[ ] Anafranil (clomipramine) Dose/Strenth

[ ] Celexa (citalopram) Dose/Strength

[ ] Cymbalta (duloxetine) Dose/Strength

[ ] Desyrel (trazodone) Dose/Strength

[ ] Effexor (venlafaxine) Dose/Strength

[ ] Elavil (amitriptyline) Dose/Strength

[ ] Emsam (selegiline) Dose/Strength

[ ] Fetzima (levomilnacipram) Dose/Strength

[ ] Lexapro (escitalopram) Dose/Strength

[ ] Luvox (fluvoxamine) Dose/Strength

[ ] Marplan (isocarboxazid) Dose/Strength

[ ] Nardil (phenelzine) Dose/Strength

[ ] Norpramin (desipramine) Dose/Strenth

[ ] Nuedexta (dextrometorphan/quinine) Dose/Strenth

[ ] Pamelor (nortriptyline) Dose/Strength

[ ] Parnate (tranylcypromine) Dose/Strength

[ ] Paxil (paroxetine) Dose/Strength

[ ] Pristiq (desvenlafaxine) Dose/Strength

[ ] Prozac (fluoxetine) Dose/Strength

[ ] Remeron (mirtazapine) Dose/Strength

[ ] Savella (milnacipram) Dose/Strength

[ ] Serzone (nefazodone) Dose/Strength

[ ] Sinequan (doxepin) Dose/Strength

[ ] Tofranil (imipramine) Dose/Strength

[ ] Trintellix (bortioxetine) Dose/Strength

[ ] Viibryd (vilazodone) Dose/Strength

[ ] Vivactil (protriptyline) Dose/Strength

[ ] Wellbutrin (bupropion) Dose/Strength

[ ] Zoloft (sertraline) Dose/Strength

[ ] Lithium carbonate Dose/Strength

[ ] Depakote (valproic acid) Dose/Strength

[ ] Lamictal (lamotrigine) Dose/Strength

[ ] Tegretol (carbamazepine) Dose/Strength

[ ] Topamax (topiramate) Dose/Strength

[ ] Trileptal (oxcarbazepine) Dose/Strength

[ ] Abilify (aripiprazole) Dose/Strength

[ ] Clozaril (clozapine) Dose/Strength

[ ] Fanapt (iloperidone) Dose/Strength

[ ] Geodon (ziprazidone) Dose/Strength

[ ] Haldo (haloperidol) Dose/Strength

[ ] Invega (paliperidone) Dose/Strength

[ ] Latuda (lurasidone) Dose/Strength

[ ] Mellaril (thioridazine) Dose/Strength

[ ] Navane (thiothixene) Dose/Strength

[ ] Orap (pimozide) Dose/Strength

[ ] Perphenazine Dose/Strength

[ ] Prolixin (fluphenazine) Dose/Strenth

[ ] Rexulti (brexpiprazole) Dose/Strength

[ ] Risperdal (risperidone) Dose/Strength

[ ] Saphris (asanepine) Dose/Strength

[ ] Seroquel (quetiapine) Dose/Strength

[ ] Stelazine (trifluoperazine) Dose/Strength

[ ] Triavil Dose/Strength

[ ] Thorazine (chlorpromazine) Dose/Strength

[ ] Vraylar (Cariprazine) Dose/Strength

[ ] Zyprexa (olanzapine) Dose/Strength

[ ] Ambien (zolpidem) Dose/Strength

[ ] Ativan (lorazepam) Dose/Strength

[ ] Belsomra (suvorexant) Dose/Strength

[ ] Buspar (buspirone) Dose/Strength

[ ] Dalmane (flurazepam) Dose/Strength

[ ] Klonopin (clonazepam) Dose/Strength

[ ] Lunesta (Eszopiclone) Dose/Strength

[ ] Restoril (temazepam) Dose/Strength

[ ] Rozerem (ramelteon) Dose/Strength

[ ] Sonata (zaleplon) Dose/Strength

[ ] Xanax (alprazolam) Dose/Strength

[ ] Halcion (triazolam) Dose/Strength

[ ] Serax (oxazepam) Dose/Strength

[ ] Vystaryl (hydroxyzine) Dose/Strength

[ ] Adderall (XR) (amphetamine mix) Dose/Strength

[ ] Armodafinil (nuvigil) Dose/Strength

[ ] Concerta (methylphenidate) Dose/Strength

[ ] Daytrana (methylphenidate) Dose/Strength

[ ] Dexedrine (dextroamphetamine) Dose/Strength

[ ] Evekeo (amphetamine) Dose/Strength

[ ] Focalin (dexmethylphenidate) Dose/Strength

[ ] Metadate (methylphenidate) Dose/Strength

[ ] Mydayis (amphetamine mix) Dose/Strength

[ ] Phentermine Dose/Strength

[ ] Provigil (modafinil) Dose/Strength

[ ] Ritalin (methylphenidate) Dose/Strength

[ ] Strattera (atomoxetine) Dose/Strength

[ ] Vyvanse (lisdexamphetamine) Dose/Strength

[ ] Aricept (donepezil) Dose/Strength

[ ] Exelon (rivastigmine) Dose/Strength

[ ] Namenda (memantine) Dose/Strength

[ ] Reminyl (galantamine) Dose/Strength