**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