

FRAME OF MIND CLINIC LLC
MENTAL HEALTH INTAKE FORM

All highlighted fields are required.

Date: _____

Full Patient Name: _____ DOB: _____

What brings you to Frame of Mind Clinic?

What has been a recent stressor to you lately? (e.g., Family, job, loss of loved ones, financial issues)?

SAFETY:

Do you currently have thoughts of hurting yourself? If yes, please explain.

Have you tried to hurt yourself in the past? If yes, please explain.

Do you currently have thoughts of hurting anyone else? If yes, please explain.

Allergies: _____ Height: _____ Weight: _____

Current Prescribed Medications: Medication name and dosage

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current over-the-counter medications or supplements:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current medical problems:

Past Psychiatric History:

Have you ever received psychiatric outpatient treatment? () Yes () No

If yes, please provide reason, dates treated and by whom.

Have you ever been hospitalized for psychiatric reasons? () Yes () No

If yes please provide reason, dates hospitalized and where?

Past Medical History:

Past medical problems, non-psychiatric hospitalization, or surgeries:

Have you ever had an EKG? () Yes () No If yes, when _____

Was the EKG () normal () abnormal or () unknown?

Date of last physical exam: _____

During your mother's pregnancy and birth with you, were there any complications?

Past Psychiatric Medications: If you have ever taken any of the following medications, please indicate the **dates, dosage**, how helpful they were, and **side-effects** (if you can't remember all the details, just write in what you do remember).

Antidepressants:

Prozac (fluoxetine) _____

Zoloft (sertraline) _____

Luvox (fluvoxamine) _____

Paxil (paroxetine) _____

Celexa (citalopram) _____

Lexapro (escitalopram) _____

Effexor (venlafaxine) _____

Cymbalta (duloxetine) _____

Pristiq (desvenlafaxine) _____

Wellbutrin (bupropion) _____

Remeron (mirtazapine) _____

Serzone (nefazodone) _____

Anafranil (clomipramine) _____

Pamelor (nortriptyline) _____

Tofranil (imipramine) _____

Elavil (amitriptyline) _____

Trintellix (vortioxetine) _____

Viibryd (vilazodone) _____

Other _____

Mood Stabilizers:

Tegretol (Carbamazepine) _____

Lithium _____

Depakote (valproate, valproic acid) _____

Lamictal (lamotrigine) _____

Topamax (topiramate) _____

Trileptal (oxcarbazepine) _____

Other _____

Anti-anxiety medications:

Xanax(alprazolam) _____
Ativan(lorazepam) _____
Klonopin(clonazepam) _____
Valium(diazepam) _____
Tranxene(clorazepate) _____
Buspar(buspirone) _____

Other _____

Antipsychotics/Mood stabilizers:

Haldol (haloperidol) _____
Prolixin(fluphenazine) _____
Seroquel(quetiapine) _____
Zyprexa(olanzapine) _____
Geodon(ziprasidone) _____
Invega(paliperidone) _____
Fanapt(iloperidone) _____
Saphris(asenapine) _____
Latuda(lurasidone) _____
Abilify(aripiprazole) _____
Clozaril(clozapine) _____
Risperdal(risperidone) _____
Vraylar(cariprazine) _____

Rexulti(brexpiprazole) _____
Nuplazid(pimavanserin) _____

Other _____

Sedative/Hypnotics:

Ambien(zolpidem) _____
Lunesta(eszopiclone) _____
Belsomra(suvorexant) _____
Sonata(zaleplon) _____
Rozerem(ramelteon) _____
Restoril(temazepam) _____
Desyrel(trazodone) _____

ADHD medications:

Adderall(amphetamine) _____
Dexedrine(dextroamphetamine) _____
Concerta(methylphenidate) _____
Ritalin(methylphenidate) _____
Focalic(dexamethylphenidate) _____
Vyvance(lisdexamfetamine) _____
Strattera(atomoxetine) _____
Intuniv(guanfacine) _____
Kapvay(clonidine) _____

Other _____

Women Only:

Are you currently pregnant or think you might be pregnant? () Yes () No

Are you planning to get pregnant in the near future? () Yes () No

Birth control method _____

How many times have you been pregnant? _____ How many live births? _____

Date of last menstrual cycle: _____

Date: _____

Signature of Patient (Legal or Personal Representative)

Date: _____

Signature of Parent/Guardian/Legal or Personal Representative

(Please Indicate your legal authority to act for this patient) _____