

PSYCHIATRIC MEDICAL GROUP

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Patient Intake

By Phone _____, Online _____, By E-Mail _____, In Person who walked in _____

Informant _____ phone (____) _____

Relationship to Patient _____

Has the Patient been here before? Y/N (if Yes, when ___/___/___)

Patient Name (Full Name in English) _____

Address: _____

_____ phone (____) _____

Primary Language spoken _____

English: Fluent () Moderate () Poor () None ()

Billing information:

Private: _____ Champus (ID#) _____

VA (ID#) _____ Other _____

Medicare # _____ Medical # _____

Type of Accident _____ Disability (T/P) _____

Condition related to employment (Y/N) _____ (IF YES EXPLAIN)

Referred by _____ Phone (____) _____

Purpose/Reason _____

Emergency (Y/N) _____ Similar symptoms before (Y/N) _____

Did you consult another physician for a 2nd/3rd opinion (Y/N) _____
comment: _____

Was an appointment given? Yes: Date ___/___/___
time: _____:_____

Received by _____ Reviewed by _____

Date ___/___/___ Date ___/___/___

time _____:_____ time _____:_____

PMG: Intake-Frm)

INTRODUCTION FOR INITIAL INTERVIEW

I'm going to be asking you about problems or difficulties you may have had, and I'll be making some notes as we go along. Do you have any questions before we begin.

Sex: M/F _____ Age _____

Marital Status: Married or living together 1+ yrs _____
Separated _____
Divorced/Annulled _____
Widowed _____
Never married _____

Children _____ How many _____

Ethnicity: Black, not of Hispanic origin _____
Hispanic _____
White, not of Hispanic origin _____
American Indian or Alaskan native _____
Asian or Pacific Islander _____

Where do you live? House/Apt/Housing Project/Board&Care/Hotel, _____
Other ; _____
(Address: #Apt, City, State Zip) _____

With whom do you live? _____
What kind of work do you do? _____
(outside of home) _____

Are you working now? _____
If yes, how long have you _____
worked there? _____
If less than 6 mos. Why did you _____
leave your last job? _____
Have you always done that kind _____
of work? _____

If no, why is that? What kind of _____
work have you done? _____
How are you supporting yourself? _____

Has there ever been a time when _____
you were unable to work or go to _____
school? _____

If yes, when? why? _____

How far did you get in school? _____

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If failed to complete, why? _____

Chief complaint and description of presenting problem:

What led you to come here? What do you feel is your Major Problem? _____

When did this begin, when did you first notice that something was wrong? Date of onset? ____/____/____

When were you last feeling your usual self? _____

Is this something new, or something you've had before? _____

What made you come for help now? _____

What was going on in your life when this began? _____

Did anything happen or change before all this started? Do you think this had anything to do with your present illness? _____

After it started what happened next? Did other things start to bother you? _____

Since this began when have you felt the worst? _____

When was the first time you saw someone for emotional or Psychiatric problems? _____

What was that for? _____

What treatments, medications did you get? _____

Have you ever been a patient in a Psychiatric Hospital? If yes what for? _____

How many times? _____

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Have you had any other problems
in the last month?

What's your mood been like?

How's your Physical health?

Are you taking any medications,
vitamins other than the one's
you've already told me about?

Do you have any Medical Problems?

How much alcohol have you been
drinking in the last month?

Have you been taking any street
drugs in the last month? How about
Marijuana, cocaine, others?

How have you been spending your
free time?

With whom have you been spending
it?

Most likely DX:

DX TO BE R/O

DISPOSITION:

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