HEALTHY MINDS
Psychiatric Services

Rev: 03/26/2018

Okemos Office: *2390 Woodlake Dr. Ste. 380, Okemos, MI 48864*
Brighton Office: *4763 S Old US 23 Ste C1, Brighton, MI 48114*

Pre-evaluation Questionnaire

Name:_____

Who referred you:

_____

Have you been treated by a psychiatrist before: YES NO

The reason for discontinuing care with that psychiatrist? _____

Psychiatrist's name, address and phone #:_____
May we contact them? YES NO

Main complaint:_____

How long has this been occuring? _____

Are you under treatment for any medical condition, if so, by whom?_____

List all current medications:

1 3 5

_____

2 4 6

_____

Is there a history of nervous conditions in your family?
Mother Father Grandparent Children Siblings
Have you been treated for any mental or nervous conditions before? YES NO

If yes, why and for
what?_____
Have you ever been hospitalized for psychiatric conditions or substance abuse? YES NO

If yes, why and for what? _____
Have you ever made any suicide / homicide attempts? YES NO

If yes, why and for what? _____
Are you allergic to any medications or had an adverse reaction to any? YES NO

Do you smoke? YES NO
Do you drink alcohol? YES NO How much do you consume a week? _____

Do you have a history of current/past use of illegal drugs or prescription medication abuse? YES NO

Are you involved in an investigation by Family/Children Services? YES NO

Details: _____
Do you have a history of involvement in any legal actions/lawsuits? YES NO

Details:_____
Are you involved in any current legal actions/ lawsuits? YES NO

Attorney's name: _____ Type of suit: _____
Are you involved in a worker's compensation claim?

Do you have any legal charges pending against you; on probation, parole, or released on bond, awaiting trial? Arrested for any reason, such as a DUI...? YES NO
Details: _____

Patient's signature: ____ Date: _________________________