

**AYC PSYCHIATRY LLC
PRE-INTAKE ASSESSMENT**

Today's Date:

PATIENT INFORMATION

Last name:

First name:

MI:

Is this your legal name?
 Yes No

If not, what is your legal name?

Race:

Birth date:

Age:

Gender:

/ /

M F

Marital status:

- Single
- Married
- Separated
- Divorced
- Other

Highest Level of Education:

Occupation:

Address: (Street, Apt. #)

P.O. Box:

City:

State:

Zip code:

Email address:

Telephone number:

- Home:
- Mobile:

Can voicemails be left at this number?

Yes No

Emergency contact's name:

Relationship:

Telephone number:

GENERAL CLINICAL HISTORY

Height (in.):

Weight (lbs.):

Allergies (medications):

Allergies (environmental):

Have you been prescribed psychiatric medications in the past?

Yes No

If so, please list:

Current prescribed medications (psychiatric and medical):

Current OTC medications/Supplements:

Pharmacy:

Name:

Address:

Telephone number:

Primary Care Physician:

Name:

Address:

Telephone number:

On average, how many drinks do you consume per week?

Have you ever consumed any of the following substances?

- Marijuana
- Amphetamine
- Cocaine/crack
- Heroin
- Opiates
- LSD/hallucinogens
- PCP
- Barbituate/sedatives

If yes, how many times per week do you consume each?

Has drug and/or alcohol use negatively impacted your functioning (e.g. education, employment, personal relationships)?

Do you own any firearms? Yes No

Have you ever thought about harming yourself? Yes No If yes, how recently?

Have you ever attempted suicide? Yes No If yes, when?
If yes, what method?

Presently, do you have thoughts about suicide? Yes No

Have you ever thought about physically harming someone else? Yes No If yes, how recently?

Have you ever physically harmed someone else? Yes No If yes, when?
If yes, what method?

Presently, do you have thoughts about harming someone else? Yes No

Please cite the reason for requesting a psychiatric consultation:

AUTHORIZATION TO SCREEN

The above information is true to the best of my knowledge. I disclose this information to Dr. Aminata Cisse, for the sole purpose of screening appropriately, prior to scheduling a psychiatric consultation appointment.

Print/E-Signature

Date