

# PATIENT QUESTIONNAIRE

Adapted from The Psychiatric Interview, by Daniel Carlat, Fourth Edition, 2017

**Name:**

Today's date:

Date of birth:

Occupation:

**What is the main concern that led you to consult me?**

When did it begin?

**Psychiatric history:**

Outpatient treatment:

Have you ever had outpatient treatment for psychiatric disorder?

If yes, what was the disorder?

When and where did you receive treatment?

What type of treatment was it (psychotherapy, medication, behaviour therapy, others)?

What was the name of your therapist?

Do you authorised me to communicate with your therapist?

Inpatient treatment:

Have you ever been hospitalised for a psychiatric disorder?

If yes, what was the disorder, which hospital(s), and what were the dates?

**Medication history:**

What medications are you taking now (medical **AND** psychiatric)?

Drug	Dose	Frequency	Prescribing doctor
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What psychiatric medications have you taken in the past?  
Note the medication, date used, and reason for discontinuing

Do you use nonprescription medications?

If yes, which ones?

Do you or have you used recreational drugs?

If yes, which drugs and how much?

Do you drink alcohol?

Are concerned about how much you drink?

Are you annoyed at comments about your drinking?

Have you ever felt guilty about anything resulting from your drinking?

Do you ever have a drink early in the day to calm nerves or to get rid of a hangover?

Do you smoke? \_\_\_\_\_ If yes, what and how much?

Beverages with caffeine:

Coffee \_\_\_\_\_ Tea \_\_\_\_\_ Cups per day \_\_\_\_\_

Coke \_\_\_\_\_ Energy drinks \_\_\_\_\_ Cans per day \_\_\_\_\_

**Medical history**

Do you have any illnesses at present?

If yes, please list:

What illnesses or surgeries have you had in the past?

Have you ever had a head injury?

When?

How did it occur?

Have you ever had an EEG or a CT scan of your head?

If yes, when, and what were the results?

**Social history**

Marital status: single\_\_\_\_\_ married\_\_\_\_\_ widowed\_\_\_\_\_  
divorced\_\_\_\_\_

If married, year of wedding:

Spouse's occupation:

Spouse's age:

If widowed, date and cause of spouse's death:

If divorced, date and reason for divorce:

Children

Name	Age	Location
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Others currently living in your household and their relationship to you:

Name	Relationship
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**Family medical history:**

**Family psychiatric history**

Has anyone in your family ever had a psychiatric disorder (depression, mania, schizophrenia, drug or alcohol abuse, anxiety problems, suicide attempts)?

If yes, please indicate nature of problem and the family members relationship to you:

Have you ever been exposed to abuse?

**Educational history**

List your qualifications and educational history:

**Military service:**

**Adaptive history**

What stresses have you overcome in the past?

How did you do it?

What was the best period of your life?

What are your personal strengths?

Thank you for completing this questionnaire. Please bring it along to your first visit or email it right now to: [info@themariancentre.com.au](mailto:info@themariancentre.com.au)