

SHORT PATIENT QUESTIONNAIRE

Adapted from The Psychiatric Interview, by Daniel Carlat, fourth edition, 2017

Name:

Today's date:

Occupation:

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

When did it begin?

Psychiatric history:

List past psychiatric treatment:

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 or have you used recreational drugs?

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:

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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Any family medical or psychiatric history of note?

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