



Patient Intake Form

Patient Name:

Date of Birth:

Current Age:

Date Service Provided:

Service(s) Provided: New Consultation. 90791

Evaluation Procedures:

- Interview by Dr. Brady, Psy.D
- Review of records
- Psychological testing:

Background Information

Medical History:

- see medical chart for details
- diabetes
- per patient history is significant for chronic pain
- addiction
- sleep disorder
- nutrition/obesity/eating disorder
- cardiac illness
- fertility issues
- other
- hypertension

Current Functioning

- Orientation:** x 3: Person, Place, Time x 2: Person, place, impaired to time
 x2: Time, place, impaired to person, x2: Person, time, impaired to place
 x1: person, impaired to place and time, x1: place, impaired to person and time
 x1: time, impaired to person and place, x0: impaired to person, place and time

- Appearance/Personal Hygiene:** Neatly Groomed/Hygiene Poorly groomed/Hygiene Obese
 Disheveled. under weight/emaciated

- Eye Contact:** Normal/Direct intermittent. avoidant

- Psychosis:** Patient denies. None noted

Hallucinations: None Auditory visual olfactory gustatory

Delusions: Bizarre Grandiose Jealousy Nihilistic Persecutory Reference Somatic

Insight:

- Present and adequate impaired absent not assessed

Intelligence

- gifted above average. average. below average impaired. Not assessed

Memory/Cognition:

- intact. mildly impaired moderately impaired significantly impaired Not Assessed

Mood/Affect:

- Angry
- Expressing Guilt
- Suspicious
- Anxious
- Hopeful
- Tearful
- Appropriate
- Being Irritable
- Having Trouble Concentrating
- Bright
- Labile
- Withdrawn
- Distressed
- Expressing Loss of Pleasure
- Expressing Worthlessness
- Fatigued
- Being Sad
- Expressing Worry
- Flat
- Difficult or Unable to Assess

Suicidal Ideation/Intentions: Yes. No

Frequency of occurrence:
How long does it last:
Intensity of suicidal thoughts:
Reasons individual would rather die than live:

Detailed Plan: Yes. No

Plan location:
How lethal is the method:
Access to lethal methods:
If firearms, are they being removed from patient access: Yes No
Steps taken to enact plan: None. See below

Rehearsal behaviors:
Obtained access:
Details:

Homicidal Ideation/Intentions: Yes. No

Thought Process:

- | | | |
|---|--|--|
| <input type="checkbox"/> Blocking | <input type="checkbox"/> Evasive | <input type="checkbox"/> Neologisms |
| <input type="checkbox"/> Circumstantial | <input type="checkbox"/> Flight of ideas | <input type="checkbox"/> Perseveration |
| <input type="checkbox"/> Clang Associations | <input type="checkbox"/> Incoherent, Logical | <input type="checkbox"/> Rational |
| <input type="checkbox"/> Coherent | <input type="checkbox"/> Loose Associations | <input type="checkbox"/> Tangential |
| <input type="checkbox"/> Egocentric | <input type="checkbox"/> Magical thinking | <input type="checkbox"/> Word Salad |

Problem List:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Lipids | <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Mood disorder | <input type="checkbox"/> Learning problems |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Personality disorder | <input type="checkbox"/> Cognitive impairment |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Thought disorder | <input type="checkbox"/> Compliance difficulties |
| <input type="checkbox"/> Prior TIA / stroke | <input type="checkbox"/> Sedentary lifestyle | <input type="checkbox"/> Dementia | <input type="checkbox"/> Social isolation |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Gastrointestinal problem | | |

Additional Comments:

Past Psychiatric History:

Prior Treatment: _____

Past Diagnoses: _____

Past Psychiatric Hospitalizations: _____

Past Trauma: yes no. If yes, what was the trauma? _____

When? _____. Who was involved? _____

Family Psychiatric History:

Any family history of psychiatric illness? yes. no. If so, What? _____

Family History:

Where is your family from? _____

Were you adopted? yes no

Are you parents still married: yes no, If no, Did they remarry? Yes No. Who? _____

Are your parents still alive? yes no

How is your relationship with your parents? _____

Do you have any siblings? yes no, If yes, ages? _____

How is your relationship with your siblings? _____

Social History:

How many marriages: _____ How did they end? divorce. death. other

If currently married, how is your relationship with your significant other? _____

How many pregnancies: _____. Miscarriages: _____. Live Births _____

What stressors do you have in life? _____

What social support do you have? _____

What is your home life like? _____

What do you do for fun? _____

Educational History:

Last Grade completed: _____. Did you earn a degree/diploma yes no. If yes, what? _____

Did you repeat a grade: yes no Any issues in school: yes no

Legal History:

Have you ever been arrested? yes no, If yes, When?, Where? Why?

Substance History:

Have you ever used illegal substances? Yes No, If yes, what? _____

What age did you start? _____ Have you quit? yes No, If yes when? _____

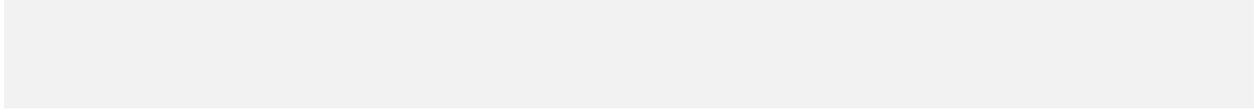
How often? _____. How much? _____

Do you drink Alcohol? yes No, If yes, How many? _____ How often? _____

Diagnosis and Comments:

Treatment Plan/Recommendations:

CBT Guided Meditation. Conflict Resolution Anger Management Psychological Testing



Patient to Return: _____ Amount Owed: _____

Dr. Dennis Brady, Psy.D.
Dr. Dennis Brady, Psy.D.

Date