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PSYCHIATRIC QUESTIONNAIRE

FULL NAME: _____

DATE: _____ **AGE:** _____ **SEX:** ___ Male ___ Female

FAMILY HISTORY:

Yes No Has anyone in your family (blood relative) suffered from emotional, problems, nervous problems, depressions or other stress conditions?
If so, please list the family member(s) and briefly describe the problem.

Yes No Has anyone in your family (blood relative) had problems with alcohol?
If so, please list the family member(s) and briefly describe their problem.

Yes No Has anyone in your family (blood relative) had problems with drugs?
If so, please list the family member(s) and briefly describe the problem.

Yes No Do any medical problems run in your family?
If so, please list briefly and describe these problems.

Yes No Has anyone in your family ever attempted or committed suicide?
If so, please list briefly and describe the incident.

FATHER:

How old is your father? _____ How many times was he married? _____

If he is deceased, when did he die? _____

What was the cause of his death? _____

How much education did he have? _____

What type of work did he do? _____

What was your father like when you were growing up? _____

What type of relationship did you have with your father? _____

MOTHER:

How old is your mother? _____ How many times was she married? _____

If she is deceased, when did she die? _____

What was the cause of her death? _____

How much education did she have? _____

What type of work did she do? _____

What was your mother like when you were growing up? _____

What type of relationship did you have with your mother? _____

SIBLINGS: How many brothers do you have? _____ Sisters? _____

How old is the oldest sibling? _____

How old is the youngest sibling? _____

PERSONAL HISTORY:

State your birthdate. ____/____/____ Where were you born? _____

Please list *in order* all the cities and states in which you have lived and include the number of years (or age) you resided in each city.

Year(s) City/State

Please circle the type of **socioeconomic environment** in which you grew up.

poor lower middle class middle class upper middle class wealthy

Yes No Did you suffer from any traumatic experiences as a child?
If so, please describe these.

Yes No Did you have any juvenile behavioral problem(s)?
Please check any problem(s) that you have experienced.

___ Running Away ___ Skipping School ___ Fire Setting
___ Fighting ___ Shoplifting ___ Juvenile Court Difficulties
___ Lying ___ Cruelty to Animals ___ Drug or Alcohol Problems

EDUCATION:

Highest grade that you completed 1st through 12th grades: _____

Yes No Do you have a high school diploma? School: _____

Yes No Do you have a GED? Year obtained: _____

Yes No Do you have technical school training? Trained in: _____

Yes No Have you attended college? Years completed/credits earned: _____

Yes No Have you earned a college degree? School: _____

Yes No Do you have graduate training? School: _____

SOCIAL HISTORY:

Please circle your **sexual preference:** Heterosexual Homosexual Bisexual

How many **serious relationships** have you had in which both of you were in love with one another? _____

Yes No Were you ever abused? If so, how?: Physically Sexually Emotionally

Please circle your **Marital Status:** Single Married Widowed Separated Divorced

How many times have you been married? _____

Please list the name of your spouse or significant other: _____

What is the age of this individual? _____

How much education does this individual have? _____

What type of work do they do? _____

Yes No Is this relationship going well?

Yes No Are there any problems?

Yes No Do you have children? If so, how many? _____ What age(s) is(are) your child(ren)? _____

Yes No Are you having any problems with your child(ren)?
If so, please specify which child(ren) and explain the problem(s).

OCCUPATIONAL HISTORY:

Yes No Have you ever been in the Armed Forces? If so, what were the years of your enlistment? _____ Which branch? _____

SUBSTANCE USE HISTORY:

Yes No Do you smoke or have you smoked cigarettes? If so, how much? Have you quit? _____

Yes No Do you drink or have you drunk alcohol? If so, how much? Have you quit? _____

Yes No Do you use or have you used drugs? Have you quit using drugs?
If you still use drugs, complete the following list:

<u>Drug(s)</u>	<u>How much?</u>	<u>How often?</u>

Yes No Have you ever been involved in a substance abuse, alcohol treatment or detoxification program? If so, please describe when and where.

<u>Years</u>	<u>Facility</u>

MEDICAL HISTORY:

Please list any medical problems that you have and when these conditions were diagnosed or discovered.

<u>Date Diagnosed/Discovered</u>	<u>Medical Problem(s)</u>

Please list all operations that you have had starting with any operations that you may have had as a child. Also list when these procedures were performed.

<u>Year/Age</u>	<u>Operation(s)</u>

