

FAMILY MEDICAL PSYCHIATRY
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PSYCHIATRIC AND GENERAL HEALTH QUESTIONNAIRE

PATIENT NAME: _____ .DOB: _____ . M: ____ . F: ____.

HOME PHONE: _____ . ALTERNATE PHONES: _____.

REFERRED BY:

PROBLEMS FOR WHICH YOU WANT HELP: BRIEF LIST.

ALL CURRENT HEALTHCARE PROVIDERS: NAME, ADDRESS, PHONE , FAX.

ALL CURRENT MEDICATIONS: PSYCHIATRIC MEDICATIONS, MEDICATIONS TAKEN FOR OTHER CONDITIONS, SUPPLEMENTS. INCLUDE DOSAGE AND WHEN TAKEN.

MEDICATION REACTIONS: ALLERGIES (RASH, SWELLING, HIVES, DIFFICULTY BREATHING) AND ANY OTHER NEGATIVE REACTIONS.

MEDICAL HISTORY: 1) ALL DIAGNOSED ACTIVE MEDICAL PROBLEMS, WITH TREATING PHYSICIAN AND CURRENT TREATMENT. 2) HISTORY OF INFECTIOUS DISEASE (TUBERCULOSIS, MRSA, SEXUALLY TRANSMITTED DISEASES ETC). 3) PAIN. 4) SERIOUS INJURIES, MAJOR SURGERIES, MEDICAL OR SURGICAL HOSPITALIZATIONS (WITH APPROXIMATE DATES). 5) SEXUAL HISTORY (SEXUAL FUNCTION, PREGNANCIES, BIRTHS, MISCARRIAGES, TERMINATIONS).

IMMUNIZATIONS: NOTE APPROXIMATE DATES

CHILDHOOD VACCINATIONS _____. TETANUS_____, WHOOPING COUGH_____. HPV _____, INFLUENZA_____, PNEUMONIA _____. SHINGLES _____. OTHERS (LIST BELOW)

HEALTH MAINTENANCE:

WEIGHT_____ **HEIGHT**_____. 1) SIGNIFICANT WEIGHT CHANGES AND REASONS. 2) HISTORY OF WEIGHT LOSS SURGERY. 3) HISTORY OF EATING DISORDER.

EXERCISE: CURRENT TYPE AND FREQUENCY, PAST FITNESS AND ATHLETIC HISTORY.

NUTRITION: REGULAR DIET, DIABETIC DIET, COUNTING CALORIES, ANY RESTRICTIONS, ETC.

SLEEP: 1) YOUR OWN PAST NORMAL TIMES TO FALL ASLEEP AND AWAKEN WITHOUT OBLIGATION OR SCHEDULE. 2) CURRENT WORK SHIFT. 3) CURRENT PATTERN WITH AND WITHOUT MEDICATION. 4) KNOWN OR SUSPECTED SLEEP DISORDER (SLEEP APNEA, RESTLESS LEGS, NIGHTMARES, ETC.), EVALUATION AND TREATMENT.

SUBSTANCE USE: DRUGS, ALCOHOL, TOBACCO, CAFFEINE: AMOUNTS AND FREQUENCY. MENTION DUI OR TREATMENT.

FAMILY HISTORY: PSYCHIATRIC DISORDERS OR CHEMICAL DEPENDENCY IN BLOOD RELATIVES, ESPECIALLY CLOSE RELATIVES AND ANCESTORS.

SOCIAL HISTORY: **1)** FAMILY OF ORIGIN (where raised, members of household, quality of home life, any abuse, occupations of parents). **2)** EDUCATION. **3)** MILITARY SERVICE (when, type of discharge). **4)** PLACES LIVED AS ADULT. **5)** LIVELIHOOD (current employment, longest employment, current sources of income and financial status). **6)** RELATIONSHIPS (marriages, committed relationships, friends, social support). **7)** CURRENT HOUSING (location, type, members of household). **8)** DAILY ROUTINE. **9)** SPARE TIME ACTIVITIES AND HOBBIES. **10)** RELIGIOUS AFFILIATION. **11)** LEGAL (arrests, convictions). **12)** TRAUMA (assault, natural disaster, accident, witnessed atrocity), **13)** PERSONAL GOALS. **14)** CURRENT ISSUES (recent life changes or new stresses).

HISTORY OF PRESENT ILLNESS: 1) CURRENT SYMPTOMS. 2) RECENT TREATMENT WITH RESULTS. 3) RECENT EVENTS LEADING UP TO CONSULTATION.

PAST AND DEVELOPMENTAL HISTORY: 1) CHILDHOOD HEALTH AND PERSONALITY. 2) GENERAL FEELING AND FUNCTION BEFORE PROBLEMS BEGAN. 3) FIRST OCCURRENCE OF SYMPTOMS, ONSET (SUDDEN OR GRADUAL), WITH ANY TRIGGERS. 4) TIMELINE OF SYMPTOMS SINCE ONSET (STEADY OR RECURRING, GENERAL WORSENING OR IMPROVEMENT, CHANGE IN TYPE OF PRIMARY SYMPTOM, ADDITION OF OTHER SYMPTOMS). 5) LIST TREATMENTS TRIED, WITH APPROXIMATE DATES AND RESULTS. 6) NOTE ANY PSYCHIATRIC HOSPITALIZATIONS WITH DATES.