



BLUEBONNET HILL PSYCHIATRY

Welcome!

Since your last clinic appointment,

- | | |
|---|-----|
| 1. Have you seen your PCP/OBGYN or another physician? | Y/N |
| 2. Have you been to Urgent Care or the emergency room or been hospitalized? | Y/N |
| 3. Have you had any lab work or diagnostic studies done? | Y/N |
| 4. Has there been any change in your physical health? | Y/N |
| • change in symptoms/severity of symptoms? | Y/N |
| • change in diagnosis? | Y/N |
| • change in medications/vitamins/supplements? | Y/N |
| 5. Has there been any change in your mental health? | Y/N |
| • change in symptoms/severity of symptoms? | Y/N |
| • change in therapist/frequency of therapy sessions? | Y/N |
| • other? | Y/N |
| 6. Have there been any major life changes/stressors? | Y/N |
| 7. Have you used any tobacco, alcohol, marijuana, medications not prescribed to you, or illicit substances? If so, what, how much, and how often? | Y/N |
| 8. Have you self-harmed, engaged in self-destructive behavior, or been thinking of suicide? | Y/N |
| 9. Have you used any healthy coping skills? | Y/N |

If you answered, “yes” to any of the questions above, please explain.

Over **the past 2 weeks**, how often have you been bothered by:

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things?				
Feeling down, depressed, or hopeless?				
Trouble falling or staying asleep, or sleeping too much?				
Feeling tired or having little energy?				
Poor appetite or overeating?				
Feeling bad about yourself – or that you are a failure or have let yourself or your family down?				
Trouble concentrating on things, such as reading the newspaper or watching television?				
Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?				
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?				

Over **the past 2 weeks**, how often have you been bothered by:

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge?				
Not being able to stop or control worrying?				
Worrying too much about different things?				
Trouble relaxing?				
Being so restless that it's hard to sit still?				
Becoming easily annoyed or irritable?				
Feeling afraid as if something awful might happen?				

PLEASE CHECK ALL THAT CURRENTLY APPLY TO YOU

SKIN:		GASTROINTESTINAL:		MUSCULOSKELETAL:	
Change in skin coloration		Abdominal pain		Back pains	
Recent change in hair distribution		Black stools		Bone pains	
Recurrent itching		Blood in stools		Joint pains	
Recurrent rash or eruptions		Becoming nauseated after meals		Joint stiffness	
HEAD, EARS, NOSE, THROAT:		Change in appetite		Joint swelling	
Bad teeth		Change in bowel habits		Muscle aches	
Deafness		Change in stool color		NEUROLOGICAL:	
Dizziness		Constipation		Arm or leg numbness	
Headaches more than once a week		Diarrhea		Arm or leg weakness	
Nasal discharge/sinus trouble		Getting full quicker than usual		Change in speech	
Nosebleeds		Have pain when moving bowel		Drowsiness	
ringing in ears		Have you ever had an ulcer		Seizures	
Trouble/pain when swallowing water/food		Heartburn		Tremors	
Visual disturbances (double vision, blurred vision, or loss of vision, etc)		Hemorrhoids		PSYCHIATRIC:	
RESPIRATORY:		Increased abdominal gas		Difficulty making decisions	
Chest colds more than twice/week		Intolerance to certain foods		Ever considered or attempted suicide	
Coughing up blood		Mucus or pus in stool		Hard to concentrate or remember	
Difficulty Breathing		Nausea and/or vomiting		Often cry for no reason	
Exposure to TB		Rectal pain		Often lonely or depressed	
Night sweats		Vomiting up blood		Tired most of the time	
Previous abnormal chest x-rays		Yellow jaundice		Trouble sleeping	
Recurrent cough		GENITOURINARY:		HEMATOLOGIC:	
Shortness of breath when walking		Brown, bloody, or cloudy urine		Anemia	
Wheezing/Asthma		Burning when you urinate		Blood transfusions	
CARDIAC:		Constant feeling you have to urinate		Lymph gland swelling	
Ankles and feet swell		Ever had a sexually transmitted disease		Swelling in armpits or groin	
Been told you have a heart murmur		Frequency in urination		Tendency to bruise or bleed easily	
Been told your heart is enlarged		Losing urine when you cough, sneeze or lift heavy objects			
Blacked out and fell to floor		Trouble starting/stopping urine		WOMEN ONLY:	
Chest pain, tightness, or pressure		Sexual difficulty		Abnormal vaginal bleeding	
Distress in chest with exertion		Waking at night to urinate		Breast lump(s)	
Irregular heartbeat		ENDOCRINE:		Breast tenderness	
Pain or cramps in leg when walking		Chills		Vaginal itching or discharge	
Rapid heartbeat		Eating more and losing weight		Periods last how many days?	
Rheumatic fever		Excessive thirst		Date of your last menstrual cycle?	
Shortness of breath when lying flat		Fever		Menopausal? Yes No (CIRCLE ONE)	
Waking at night short of breath		Heat or cold intolerance			
		Increase in hair		MEN ONLY:	
		Recent swelling in the neck		Burning or itching from penis	
		Swelling in face and hands		Painful testicles	
Please list any additional conditions not shown above:				Swelling or lumps on testicles	
				Trouble getting or maintaining an erection	