

Personal History Questionnaire: Adult (New Pt)

General

Name	DOB			Age	
Gender:	Gender assigned at birth if different than current:			Preferred	pronoun:
Telephone (home)		(Mobile)			
May I leave a message for y		On mobile phone? 🗆 Yes 🗆 No			
Emergency contact:	Relationship			Phone:	

Mental health/Psychiatric history

Please mark any symptoms you believe you experience Currently or in the Past.								
С	Ρ		С	Р		С	Р	
		Depressed/sad mood			Muscle tension			Relationship problems
		Reduced interest in activities			Excessive worry			Eating problems
		Appetite/weight change			Panic symptoms			Drug or alcohol problems
		Frequent crying/tearfulness			Boredom			Gambling problems
		Low self-esteem			Impulsivity			Sexual problems
		Low motivation			Distractibility			Computer addiction
		Social isolation			Hyperactivity			Problems with pornography
		Feelings of hopelessness			Abnormally elevated mood for several uninterrupted days			Work/school problems
		Seasonal mood changes						Parenting problems
		Loneliness			Racing thoughts			Suspiciousness/paranoia
		Feelings of guilt/shame			Excessive energy			Hearing or seeing things
		Sleeping too much or too little			Flashbacks			Other:
		Low energy/fatigue			Nightmares			Other:
		Excessive thoughts of death			Easily startled			Other:
		Poor concentration			Anger outbursts			Other:
		Restlessness or feeling on edge/keyed up			Excessive fears			
		Difficulty thinking or making decisions			Excessive social discomfort			
		Irritability			Obsessions/compulsions			
		Frequent anxiety			Fear away from home			



Canby Healthcare Clinic

Are any of the above symptoms affecting your:

Ability to engage in your normal daily activities
work
school
housing
finances
recreational activities
spirituality
self esteem
sexual activity

General Health/Medical History

Primary Care Provider Name:	Last visit:
Medication allergies:	
Ongoing medical problems:	
Past medical problems:	
Family medical problems:	
Current medications:	

Thank you for taking the time to complete this questionnaire.