

Main Street Psychiatry & Psychotherapy

4101 Main Street

Hilton Head Island, SC 29928

(843)342-6000

Name: _____ Date: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home phone _____ Work phone _____ Cell phone: _____

Email Address _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Male _____ Female _____

Occupation: _____

Marital Status: never married _____ married _____ separated _____ divorced _____ marriage annulled _____
widow/widower _____

If you have been married, how many times? _____

If you have been divorced, how many times? _____

Place where you live: house _____ apartment _____ room _____ dormitory _____ hotel _____ hospital _____

Other _____

Parents Names: _____

Person responsible for account if other than parents: _____

Relationship to patient: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Address: _____

Name of person filling out form if not patient: _____

Name of referring or responsible physician/clinician: _____

Address: _____

Home phone: _____ Work phone: _____

Check those that apply:

Race: Caucasian _____ African American _____ Oriental _____ Hispanic _____ Native American _____
Other _____

Religion: Protestant _____ Catholic _____ Jewish _____ Other _____

Education: (Check the highest level completed)

High School: 6th or less ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___

College: 1 year ___ 2 years ___ 3 years ___ 4 years ___ Graduate School ___ If you have a degree what is it in? _____

Please describe your employment history including types of jobs:

Please state the principal reason you are requesting a consultation or treatment:

Please describe your illness from the time of your first symptom to the present. Provide as many dates, names and addresses of psychiatrists, psychologists, and/or social workers who have treated you as you can. Also, please provide the kinds of treatment you have received, including names of medications and your response to them:

Family History: Has anyone in your family ever been treated for any of the following (please check all that apply and when appropriate indicate paternal or maternal)

	Father	Mother	Aunt	Uncle	Brother	Sister	Children	Grandparent
Depression								
Anxiety								
Panic Attacks								
Post traumatic stress								
Bipolar/Manicdepression								
Schizophrenia								
Alcohol Problems								
Drug problems								
ADHD								
Suicide attempts								
Psychiatric hospital stay								

Medical History: Do you have, or have you ever had any of the following (please check all that apply)? Please write in your medical problem in each category

	Mark v		Mark v		Mark v
High Blood Pressure		Gastrointestinal Problems (ulcers, pancreatitis, irritable bowel, colitis)		Viral Illness (herpes, Epstein-Barr, chronic hepatitis)	
Lung Disease		Arthritis or Rheumatoid Problems		Cancer	
Diabetes		Liver Damage or Hepatitis		Genital Problems	
Heart Disease		Other Endocrine/Hormone Problems		Eating Disorder	
Thyroid Disease		Neurological Problems (stroke, brain tumor, nerve damage)		Eye Problems	
Anemia		Gynecological / hysterectomy		Chronic pain	
Asthma		Urinary Tract or Kidney Problems		Fibromyalgia	
Skin Disease		Migraine or Cluster Headaches		HIV Positive or AIDS	
Seizures		Ear/Nose/Throat Problems		Head Injury	
Other medical issues		High Cholesterol		Sleep apnea	

Main Street Psychiatry and Psychotherapy
4101 Main Street, Ste C
Hilton Head Island, SC 29926

Consent for Examination and Treatment

Consent and authority is hereby given to Main Street Psychiatry and Psychotherapy and its professional staff to perform examinations. Permission is also granted to the administration of medications when deemed necessary. This statement has been fully explained to me and I understand it.

Signature of Patient or Legal Guardian

Date

Witness

Date

There is a 1.5% interest charge on unpaid balances due my provider. I understand that if I default on my account I am responsible for any collection or attorney fees if such action is necessary.

Parents/Guardians who bring children into Main Street Psychiatry and Psychotherapy for services are responsible for payment of those services. We're sorry but we cannot be responsible for collection from a third party.

Past History (Check any that apply to you during childhood and explain)		Comments
You were afraid to go to school		
You had difficulty with reading, writing, or math		
You were truant		
You failed or repeated a grade		
You had frequent falls		
You were awkward at games		
You wet the bed after age 5		
You had tics		
You had trouble with your eyes		
You were, (are,) left handed		
You mispronounced words, had a lisp, stuttered or stammered		
You had nightmares, disturbed sleep, or a fear of the dark		
You ran away from home		
You were cruel to animals		
You frequently lied to your family or others		

New Patient Questionnaire (Please check any that apply)		
	Yes	No
Cannot sleep		
Sleep too much		
Decreased appetite		
Weight loss		
Weight gain, if so how much?		
Loss of energy		
Paranoid Feelings		
Loss of motivation		

New Patient Questionnaire (continued)		
	YES	NO
Paranoid Feelings		
Loss of motivation		
Decreased interest in sex		
Difficulty concentrating		
Hopeless feelings		
Crying spells		
Too much energy		
Overspending money		
Anxiety attacks		
Hallucinations		

Please complete the following by checking yes or no.

Has there ever been a period of time when you were not your usual self?		
	Yes	No
You felt so good or so hyper that other people thought you were not your normal self or so hyper that you got into trouble?		
You were so irritable that you shouted at people or started fights or arguments?		
You felt much more self-confident than usual?		
You got much less sleep than usual and found you didn't really miss it?		
You were much more talkative or spoke much faster than usual?		
Thoughts raced through your head or you couldn't slow your mind down?		
You were so easily distracted by things around you that you had trouble concentrating on track?		
You had much more energy than usual?		
You were much more active or did many more things than usual?		

Has there ever been a period of time when you were not your usual self? and	Yes	No
You were much more social or outgoing than usual - for example, you telephoned friends in the middle of the night?		
You were much more interested in sex than usual?		
You did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?		
You spent so much money that it got you or your family into trouble?		