elm creek psychiatry
at betty hardwick center

Elm Creek
New Patient History

First Name_____ Last Name_____ Date _____

Address: _____ City:_____ Zip:_____ Mar Status: _____

DOB _____ Age _____ Sex _____ Soc Sec # _____

Phone: _____Alt. Phone: _____Ethnicity:_____ Race:_____

Insurance Company: _____ Policy Number: _____ Group Number:_____

Relationship to Insured: _____ Policy Holder Name: _____

○Child (under 18 y/o) ○Adult w/guardian ○Adult-own Legal Representative

Emergency Contact (Name & Number):_____

Name of Legal Guardian: _____ Relationship: ○Parent ○Other

Legal Guardian Address: _____City:_____Zip:_____

Chief Complaint: _____

_____

_____

_____

Describe the reason for the clinic visit:

_____

_____

_____

_____

Referral Sources: ☐FQHC ☐IDD Providers ☐Hospital Providers ☐Psych Hospitals

Specify: _____

Current Symptoms:

☐poor appetite ☐overeating ☐insomnia ☐hypersomnia ☐poor impulse control ☐weight loss

☐ weight gain ☐ anxiety ☐ isolating ☐ loss of interest in activities ☐ tearful
☐ affect doesn't match mood ☐ low frustration tolerance ☐ enuresis ☐ encopresis
☐ anger ☐ verbal aggression ☐ physical aggression ☐ inanimate objects ☐ animals ☐ people)
☐ poor academic performance ☐ hyperactivity ☐ poor attention ☐ alcohol/drug abuse
☐ running away ☐ suicidal thoughts ☐ suicide attempt ☐ hallucinations
☐ delusions (believing things to be true that others do not)
☐ purposeful self-injury (cutting, burning, scratching, etc...self) ☐ other: _____

Describe how long symptoms have persisted: _____

_____

_____

For suicidal thoughts/attempts, explain and give dates: _____

_____

_____

_____

Previous psychiatric care: _____

Hospitalizations (give dates & name of facilities) * request records for hospitalizations within last 3 years

_____

_____

_____

Outpatient psychiatry: (give dates & name of provider) * request records for hospitalizations within last 3 years

_____

_____

_____

Previous medications/dosage/frequency/prescriber/condition being treated/effectiveness:

_____

_____

_____

Current medications/dosage/frequency/prescriber/condition being treated/effectiveness:

_____

_____

_____

Drug Allergies:_____

Substance Allergies: _____

Medical History

☐ medical hospitalization ☐ had surgery ☐ serious accidents ☐ had head injury w/unconsciousness
☐ neurological problems ☐ cardiovascular problems ☐ respiratory problems ☐ diabetes
☐ thyroid disorder ☐ liver disease ☐ gastrointestinal disorder ☐ musculoskeletal disorder
☐ chronic pain ☐ skin problems ☐ genitourinary/kidney problems ☐ sexually transmitted disease
☐ sexual dysfunction ☐ reproductive problems ☐ cancer ☐ vision problems ☐ hearing problems
☐ speech problems ☐ Seizures ☐ physical activity limited by physical/health problems

Describe all boxes checked: _____

_____

_____

_____

_____

Substance abuse:

☐ tobacco use ☐ smoker ☐ dip ☐ eCigarette)
☐ alcohol ☐ marijuana ☐ synthetic marijuana ☐ cocaine ☐ methamphetamine
☐ narcotic analgesics ☐ sleeping pills/meds
☐ benzodiazepines (Xana,Ambien,Valium,Ativan,Klonopin, etc.)
☐ huffing/inhalants ☐ other:_____

Describe any current stressors and/or precipitating events:

☐ Birth ☐ Death ☐ employment ☐ Divorce/relationship dissolution ☐ homelessness ☐ financial
☐ family conflict ☐ school problems ☐ health problems ☐ other: _____

Any Legal Issues: ◯ yes ◯ no

elm creek psychiatry

Date _____

Social History

Name _____

Family & Marital Status

Do you have children? ☐ Yes ☐ No

If yes, give names and ages, where children live, and describe relationships with children.

_____

_____

_____

_____

_____

Current marital status:

☐ Married ☐ Divorced ☐ Separated ☐ Never Married ☐ Widowed ☐ Unknown

If married (or in a significant relation) more than once, explain reasons for each divorce or separation.

_____

_____

_____

_____

Number of times married: _____

If married or in a relationship, describe relationship with current partner:

_____

_____

_____

_____

_____

Living & Social Situation

Are you satisfied with your current living situation? ☐ Yes ☐ No

Current living arrangement:

- ☐ Adult Homeless
- ☐ Alone
- ☐ Assisted Living
- ☐ Children Residential Treatment
- ☐ Correctional
- ☐ Crisis Residential
- ☐ Family/Relative
- ☐ Foster Care
- ☐ Group Quarters
- ☐ Independent
- ☐ Institutional Setting
- ☐ Jail/Correctional Facility
- ☐ Medical
- ☐ Other Institutional
- ☐ Residential Care
- ☐ Roommate
- ☐ Treatment Training Services

Number of persons other than you living in the home: _____

You currently live with (check all that apply):

- ☐ Spouse
- ☐ Significant Other
- ☐ Mother
- ☐ Father
- ☐ Guardian
- ☐ Grandparent
- ☐ Uncle
- ☐ Aunt
- ☐ Son
- ☐ Daughter
- ☐ Brother
- ☐ Sister
- ☐ Cousin
- ☐ Foster Parent
- ☐ Friend
- ☐ Other

Current home atmosphere:

- ☐ Loving
- ☐ Comfortable
- ☐ Supportive
- ☐ Chaotic
- ☐ Abusive
- ☐ Other

Describe current living situation:

_____

_____

_____

_____

Overall quality of interpersonal relationships (length, amount of difficulty forming and maintaining):

_____

_____

_____

_____

Describe family involvement:

_____

_____

_____

_____

Financial Situation

Source of income or support received during the past 12 months: _____

Do you have financial problems? ☐ Yes ☐ No

Have you applied for benefits? ☐ Yes ☐ No

Explain benefits:

_____

_____

_____

Veteran Background

Type of discharge: ☐ Honorable ☐ Dishonorable ☐ General ☐ Other

Do you have a service-related disability? ☐ Yes ☐ No

Comments on the experience, any trauma, etc.:

_____

_____

_____

_____

Describe the above, or any traumatic experience:

_____

_____

_____

_____

Cultural & Religious Background

Do you identify with a particular cultural group? ☐ Yes ☐ No

If so, describe group:

_____

_____

_____

_____

Describe religous or spiritual beliefs and practices:

Are cultural and/or spiritual beliefs likely to impact treatment? ☐ Yes ☐ No

If so, explain why:

Educational Background

Are you currently in school/college/training program? ☐ Yes ☐ No

Name of school/college/training program: _____

Location of school (city): _____

Last grade completed:

☐ N/A	☐ Head Start	☐ Pre-Kinder	☐ Kindergarten	
☐ 1st Grade	☐ 2nd Grade	☐ 3rd Grade	☐ 4th Grade	☐ 5th Grade
☐ 6th Grade	☐ 7th Grade	☐ 8th Grade		
☐ 9th Grade	☐ 10th Grade	☐ 11th Grade	☐ 12th Grade	☐ HS Grad/GED
☐ Some College	☐ B.A./Higher	☐ Unknown		

Do you have a learning disorder? ☐ Yes ☐ No

Have you been in special education classes? ☐ Yes ☐ No ☐ Unknown

Describe school functioning:

Can you read and write? ☐ Yes ☐ No ☐ Unknown

Explain:

Do you have a history of developmental delay? ☐ Yes ☐ No

If yes, specify:

_____

_____

Employment Background

Current Employment Status:

☐ Full Time ☐ Part Time ☐ NE/FT Student ☐ NE/PT Student

☐ None ☐ Unemployed ☐ Unknown

Are you satisfied with your current job? ☐ Yes ☐ No

How long have you been at your current job?

☐ 0-6 months ☐ 6 months - 1 year ☐ 1-5 years ☐ 6-10 years ☐ Over 10 years

Have you experienced difficulty performing work or work-like activity? ☐ Yes ☐ No

Describe the severity/frequency of work problems of any kind:

_____

_____

_____

_____

Relevant work history (begin-end dates, employers, duties performed, etc.):

_____

_____

_____

_____

_____

Legal Status

Present Legal Status:

☐ No legal involvement ☐ Arrested ☐ In jail ☐ Charges pending

☐ On probation ☐ In juvenile detention ☐ Adjudicated ☐ On parole

☐ Referred to juvenile court ☐ Awaiting trial ☐ Awaiting sentencing ☐ On appeal

☐ Pre-trial diversion

Past Legal Status:

- ☐ No legal involvement
- ☐ Arrested
- ☐ In jail
- ☐ In prison/TYC
- ☐ On probation
- ☐ In juvenile detention
- ☐ Adjudicated
- ☐ On parole
- ☐ Referred to juvenile court
- ☐ Pre-trial diversion
- ☐ Ordered to community service

Additional information:

Strengths/Supports and Potential Barriers

Your strengths (check all that apply):

- ☐ Ability to care for self/others
- ☐ Ability to manage finances
- ☐ Artistic talent
- ☐ Community support/network
- ☐ Education
- ☐ Enjoyment of reading
- ☐ Good verbal/intellectual skills
- ☐ History of community involvement
- ☐ Insight into problems
- ☐ Interest in sports
- ☐ Nurturance and enjoyment of pets
- ☐ Religious affiliation/support network
- ☐ Stable work history
- ☐ Technical/vocational skills
- ☐ Ability to maintain relationships
- ☐ Ability to participate in treatment
- ☐ Capable of independent living
- ☐ Complaint with previous treatment
- ☐ Enjoyment of gardening
- ☐ Family support and involvement
- ☐ History of adequate decision making
- ☐ History of participation in sports
- ☐ Interest in hobbies
- ☐ Motivated for treatment
- ☐ Nurturance of children
- ☐ Sense of humor
- ☐ Support of friends

Describe any leisure activities or hobbies:

What are your current support systems?

- [ ] Family support and involvement
- [ ] Boy/girlfriend
- [ ] Community involvement
- [ ] Involvement in school activities
- [ ] Currently employed
- [ ] Other support groups
- [ ] Other
- [ ] Spouse support and involvement
- [ ] Support of friends
- [ ] Religious affiliation/support network
- [ ] Participates in organized sports
- [ ] 12-Step program
- [ ] Counselor

Describe other:

Potential barriers to treatment:

- [ ] Assaultive behavior
- [ ] Family difficulties
- [ ] Financial difficulties
- [ ] History of treatment non-compliance
- [ ] Inability to care for self/others
- [ ] Lack of transportation
- [ ] Legal difficulties
- [ ] Limited communication ability
- [ ] Limited intellectual functioning
- [ ] Little insight into problems
- [ ] Physical problems
- [ ] Poor verbal skills
- [ ] Reluctance to take medication
- [ ] Substance abuse
- [ ] Unstable living conditions
- [ ] Difficulties with interpersonal relationships
- [ ] Family history of psychiatric difficulties
- [ ] Frequently blames others
- [ ] Impaired decision making ability
- [ ] Lack of family support
- [ ] Learning difficulties
- [ ] Limited attention span
- [ ] Limited education
- [ ] Limited vocational skills
- [ ] Memory impairment
- [ ] Physical/medical problems
- [ ] Religious/spiritual/cultural beliefs
- [ ] Socially withdrawn
- [ ] Unduly suspicious

Explain barriers: