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**General Adult Psychiatry
 Outpatient and Hospital Care
 Medical Consultation-Liaison Service**
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ADULT INTAKE QUESTIONNAIRE

In order to evaluate you fully, please fill out the following questionnaire to the best of your ability. I realize there may be information that you do not remember or cannot access; please do the best you can. Use the backside for additional space. Thank you!

PATIENT IDENTIFICATION:

Name: _____ First Appointment Date: _____ Birth Date: _____

Age: _____ Sex: M / F Religion (opt.): _____

Marital Status: S / M / W / D / Sep. Race (opt.): _____ # Children: _____

Address: _____

City State Zip
 Home Phone #: _____ Work #: _____ Cell #: _____

REFERRAL SOURCE:

Referred By: _____

Referral Address: _____ Phone #: _____

Do I have your permission to release information to the referring professional when it is appropriate? Yes _____ No _____

PRIMARY CARE PHYSICIAN INFORMATION:

PCP Name: _____

PCP Address: _____ Phone #: _____

Do I have your permission to release information to the referring professional when it is appropriate? Yes _____ No _____

PURPOSE OF THE CONSULTATION:

(Please give a brief summary of the main problems.)

WHY DID YOU SEEK THE EVALUATION AT THIS TIME?:

PRIOR ATTEMPTS TO CORRECT PROBLEMS

PRIOR PSYCHIATRIC HISTORY:

(Please include contact with other professionals, medications, types of treatment, etc.)

MEDICAL HISTORY:

Current medical problems/medications: _____

Past medical problems/medications: _____

Other doctors/clinics seen regularly: _____

Any history of head trauma? (describe): _____

Ever any seizures or seizure like activity? Any periods of spaciness or confusion? _____

Prior Hospitalizations (place, cause, date, outcome): _____

Prior abnormal lab tests, X-rays, EEG, etc.: _____

Allergies/drug intolerances (describe): _____

Present Height: _____ Present Weight: _____

CURRENT LIFE STRESSES: (include anything that is currently stressful for you, examples include relationships, job, school, finances, children)

FAMILY HISTORY:

Family Structure (with whom do you currently live, add other info as necessary):

Significant Developmental Events (include marriages, separations, divorces, deaths, traumatic events, losses, abuse etc.): _____

Current Marital or Relational Situation/Satisfaction: _____

History of Past Marriages: _____

Natural Mother's History: age _____ Outside work: _____

School; highest grade completed: _____

Learning problems (specify): _____

Behavior problems (specify): _____

Marriages: _____

Medical Problems: _____

Childhood atmosphere (family position, abuse, illnesses, etc) : _____

Has mother ever sought psychiatric treatment? Yes _____ No _____

If yes, for what purpose? _____

Mother's alcohol/drug use history: _____

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify): _____

Natural Father's History: age _____ Outside work: _____

School; highest grade completed: _____

Learning problems (specify): _____

Behavior problems (specify): _____

Marriages: _____

Medical Problems: _____

Childhood atmosphere (family position, abuse, illnesses, etc) : _____

Has father ever sought psychiatric treatment? Yes _____ No _____
If yes, for what purpose? _____

Father's alcohol/drug use history: _____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify): _____

Siblings (names, ages, problems, strengths, relationship to yourself): _____

Children (names, ages, problems, strengths): _____

EDUCATIONAL HISTORY:

Last grade completed: _____
Last school attended: _____
Average grades received: _____
Any academic problems? _____
Learning strengths: _____
Any behavior problems in school? _____
What would your teachers have said about you? _____

EMPLOYMENT HISTORY: (summarize jobs you've had, list most favorite and least favorite): _____

Any work-related problems? _____

What would your employers or supervisors have said about you? _____

MILITARY HISTORY: _____

LEGAL HISTORY: (past or present, include DUI history) _____

ALCOHOL AND DRUG HISTORY: (Please list age started and types of substances used through the years and any current usage. Also, describe how each of these substances made you feel; what benefit you got from them). This includes alcohol (hard liquor, beer, wine), marijuana or hash, prescription tranquilizers or sleeping pills, inhalants (glue, gasoline, cleaning fluids, etc.), cocaine or crack, amphetamines, crank or ice, steroids, opiates (heroin, codeine, morphine or other pain killers), barbiturates, hallucinating drugs (LSD, mescaline, mushrooms), PCP.

Ever experience withdrawal symptoms from alcohol or drugs? _____

Has anyone told you they thought you had a problem with drugs or alcohol? _____

Have you ever felt guilty about your drug or alcohol use? _____

Have you ever felt annoyed when someone talked to you about your drug or alcohol use?

Have you ever used drugs or alcohol first thing in the morning? _____

Caffeine use per day (caffeine is in coffee, tea, sodas& chocolate): _____

Nicotine use per day, past and present, (nicotine is in cigarettes, cigars& tobacco chew):

Cultural/Ethnic Background (opt.): _____

CURRENT RELATIONSHIPS:

Describe your relationships with friends: _____

Describe yourself: _____

What are your goals in seeking this consultation? What do you hope to gain?
