



Iadeluca NP Psych Adult New Intake

Name: *

Age: *

Date of birth: *

Address: *

Phone number(s): *

Who has referred you?

Who is your primary care doctor?

Do you consent for Kaitlynn Iadeluca to collaborate and share information with your primary care provider? *

Do you consent for Kaitlynn Iadeluca to collaborate and share information with your therapist? *

What are the problem(s) for which you are seeing help?*



Current Symptoms

- Depressed mood,
- Loss of interest,
- Fatigue,
- Increase risky behavior,
- Physical aggression,
- Anxiety attacks,
- Hallucinations,
- Unable to enjoy activities,
- Concentration/forgetfulness,
- Racing thoughts,
- Decreased need for sleep,
- Increased irritability,
- Avoidance,
- Suspiciousness
- Sleep pattern disturbance,
- Change in appetite,
- Excessive guilt,
- Impulsivity,
- Excessive energy,
- Anger Outbursts,
- Crying spells,
- Excessive worry,
- Self-injury,

Prior Psychiatric Treatment

Have you previously seen a psychiatrist or a therapist

- Yes
- No

Please provide the name/details of your therapist

Please provide name/details of previous psychiatrist

Previous diagnoses?

Please describe any previous medication trials

Medications

Medication Name	Intake Details

Any history of difficulty adhering to a medication regimen? (ie forgetting or stopping medications frequently)

Allergies

Allergies	Type	Severity	Reactions



Family History

Does anyone in the family suffer from physical health issues (ie hypothyroidism, cancer, etc). Please provide relationship and diagnosis (if known)

Does anyone in your family suffer with mental health problems or substance abuse issues. Please provide relationship and diagnosis & medications (if known)

Medical History

Do you have any medical issues?

Date of last annual physical?

Any prior surgeries/hospitalizations?

Age of 1st period?

Date of last menstrual period?

Any history of head injury or seizures?

School

Highest level of education?

Are you currently enrolled in school/college?

Degree type?

Occupation



Are you currently employed?

Occupation title?

Social History

Who do you live with?

Marital status?

Are there any stressful events experienced by yourself or the family (for example death of a loved one, move, financial difficulties etc)

Have you ever been exposed to any trauma/abuse? If so, please include ages and details.

Have you ever used Alcohol, Tobacco, Marijuana or any other illicit drugs?

Have you ever had any legal problems?

Do you have access to firearms? *

Other

Any other concerns or issues that you would like to mention?