Fortis Behavioral Health
220 Wintergreen Drive, Suite C
Lumberton, North Carolina, US - 28358-7502

Intake- Adult

Psychiatric Intake Form

How did you hear about our practice? *

☐ Referral From Another Provider ☐ Referral From Friend/Family ☐ Google ☐ Social Media ☐ Advertisement

Social Security Number: *

Primary Language: *

Hispanic or Latino? * ☐ Yes ☐ No

Race:

Emergency Contact:

Name: *

Relationship: *

Phone Number: *

Allergies

Allergies	Type	Severity	Reactions

Please provide name of medication and dosage amount

List each medication you take on its own line.

Medications

Medication Name	Intake Details

Supplements

Supplement Name	Intake Details

Have you ever seen a Psychiatrist before? *

☐ Yes ☐ No

If so please provide name and address:

Have you ever or are you currently seeing a therapist or counselor? *

☐ Yes ☐ No

If so please provide name and address:

Primary Care Provider:

Practice Name: *

Practice Address: *

Practice Phone Number: *

Pharmacy:

Name: *

Address: *

Phone Number: *

Describe in detail the reason for your visit:

Chief Complaints

Please review the following lists of medical conditions. For each section below, check all that apply. If none apply, please select 'no history.' If you choose 'other,' please specify in the provided space.

Past Medical History

Head

☐ concussions ☐ trauma ☐ TBI ☐ other ☐ no history

Comments _____

Eyes

☐ Blindness ☐ Cataracts ☐ Glaucoma
☐ Wears Glasses/Contacts ☐ Other ☐ No History

Comments _____

Ears

☐ Cochlear Implant
☐ Hearing Loss
- ☐ Right Ear (R/AD)
- ☐ Left Ear (L/AS)
- ☐ Both Ears (B/AU)

☐ Hearing Aids
☐ Other
☐ No History

Comments _____

Nose/Sinuses

☐ Allergic Rhinitis ☐ Sinus Infections ☐ Other
☐ No History

Comments _____

Mouth/Throat/Teeth

☐ Dentures ☐ Missing Teeth ☐ Wisdom Teeth Removal
☐ Spacers ☐ Dental Caries (Cavities)
☐ Refusal to Brush Teeth ☐ Other ☐ No History

Comments _____

Cardiovascular

☐ Aneurysm ☐ Angina ☐ Deep Vein Thrombosis (DVT)
☐ Dysrhythmia (Irregular Heartbeat) ☐ Hypertension (HTN)
☐ Heart Murmur ☐ Myocardial Infarction (Heart Attack)
☐ Other ☐ No History

Comments _____

Respiratory

☐ Asthma ☐ Bronchitis
☐ Chronic Obstructive Pulmonary Disease (COPD) ☐ Pleuritis
☐ Pneumonia ☐ Other ☐ No History

Comments _____

Gastrointestinal

☐ Cirrhosis ☐ Irritable Bowel Syndrome (IBS)
☐ Crohn's Disease ☐ Gastroesophageal Reflux Disease (GERD)
☐ Gallbladder Disease ☐ Heartburn ☐ Hemorrhoids
☐ Hepatitis ☐ Hiatal Hernia ☐ Jaundice ☐ Ulcer
☐ Other ☐ No History

Comments _____

Genitourinary

☐ Hernia ☐ Incontinence ☐ Kidney Stones (Nephrolithiasis)
☐ Other Kidney Disease ☐ Sexually Transmitted Diseases (STDs)
☐ Urinary Tract Infections (UTIs) ☐ Other ☐ No History

Comments _____

Musculoskeletal

☐ Arthritis ☐ Amputation ☐ Gout
☐ Musculoskeletal Injury (M/S Injury) ☐ Osteoporosis
☐ Scoliosis ☐ Other ☐ No History

Comments _____

Skin

☐ Acne ☐ Dermatitis ☐ Moles ☐ Psoriasis
☐ Chronic Wounds ☐ Other ☐ No History

Comments _____

Neurological

☐ Intellectual Disability ☐ Epilepsy ☐ Seizures
☐ Severe Headaches/Migraines ☐ Stroke
☐ Transient Ischemic Attack (TIA) ☐ Other ☐ No History

Comments _____

Endocrine

☐ Goiter ☐ Hyperlipidemia (High Cholesterol)
☐ Hypothyroidism ☐ Hyperthyroidism
☐ Hypoglycemia (Low Blood Sugar) ☐ Thyroid Disease
☐ Thyroiditis ☐ Type I Diabetes Mellitus (DM)
☐ Type II Diabetes Mellitus (DM) ☐ Other ☐ No History

Comments _____

Hematology/Oncology

☐ History of Blood Transfusions ☐ Anemia ☐ Cancer
☐ Other ☐ No History

Comments _____

Infections

☐ Human Immunodeficiency Virus (HIV) ☐ Tuberculosis (Disease)
☐ Tuberculosis (Exposure) ☐ Other ☐ No History

Comments _____

Sleep Quality and Amount:

☐ early waking ☐ difficulty sleeping ☐ difficulty staying awake
☐ nightmares ☐ night terrors ☐ bad ☐ good
☐ wake frequently through out night ☐ wake rested
☐ does not wake up rested ☐ 1-3 hours ☐ 4-6 hours
☐ 8 hours ☐ 10+ hours

Comments _____

Weight and appetite:

☐ little to no appetite ☐ decreased appetite
☐ average/balanced appetite ☐ increased appetite
☐ underweight ☐ average weight ☐ over weight
☐ picky eater ☐ weight gain ☐ weight loss

Comments _____

Prior Hospitalizations/Surgeries: ☐ Yes ☐ No

Comments _____

Past Psychiatric History

Previous Psychiatric Diagnosis:

☐ none ☐ ADHD ☐ ASD ☐ adjustment disorders
☐ bipolar-disorder ☐ catatonic/tic disorder
☐ depressive disorder ☐ dissociative disorder
☐ eating disorder ☐ GAD/separation anxiety disorder
☐ impulse-control disorder ☐ neurocognitive disorder
☐ O.C.D. and related disorders ☐ P.T.S.D.
☐ panic disorder/phobias ☐ personality disorders
☐ sleep-wake disorders

Comments _____

Prior Outpatient MH care: ☐ Yes ☐ No

Comments _____

Suicide attempts: ☐ Yes ☐ No

Comments _____

Inpatient MH Care/Psych Hospitalization: ☐ Yes ☐ No

Comments _____

Non-Suicidal Self-Directed Violence: ☐ Yes ☐ No

Comments _____

Psychotropic medication trials

Dates taken	Medication	Dose	Why stopped

Substances and Other Addictions:

History of tobacco use: ☐ Yes ☐ No

Comments _____

Other substance use: ☐ Marijuana ☐ Ecstasy ☐ Hallucinogens ☐ Cocaine ☐ Mushrooms ☐ Prescription drugs ☐ Denies ☐ Other _____

Comments _____

Has substance use caused problems in any of the following areas? ☐ N/A ☐ Legal ☐ Employment ☐ Health ☐ Relationships ☐ Other _____

Comments _____

Treatment for substance abuse: ☐ N/A ☐ Currently in treatment ☐ Completed treatment (e.g., rehab, outpatient, therapy) ☐ Attended or attending support groups (e.g., AA, NA) ☐ On medication-assisted treatment (e.g., methadone, Suboxone) ☐ Detoxed without formal treatment ☐ Participated in therapy or counseling for substance abuse ☐ Court-mandated treatment or rehab ☐ Considering treatment, but have not started ☐ Never received treatment ☐ Relapsed after completing treatment ☐ Other _____

Comments _____

Alcohol use: ☐ Daily ☐ 2-3 days per week ☐ 4-5 days per week ☐ Once per month ☐ Once every 3 months ☐ Twice per year ☐ Denies

Comments _____

Drinks per sitting: ☐ N/A ☐ 1-2 ☐ 3-4 ☐ 5 or more

Comments _____

Treatment for alcohol use/abuse:

☐ N/A ☐ Currently in treatment for alcohol use/abuse
☐ Completed treatment (e.g., rehab, outpatient, therapy)
☐ Attended or attending support groups (e.g., AA, SMART Recovery)
☐ On medication-assisted treatment (e.g., naltrexone, Antabuse)
☐ Detoxed without formal treatment
☐ Participated in therapy or counseling for alcohol use/abuse
☐ Court-mandated treatment or rehab
☐ Considering treatment, but have not started
☐ Never received treatment
☐ Relapsed after completing treatment
☐ Other _____

Comments _____

Have you experienced any behavioral addictions? If so, please select from the following:

☐ Compulsive gambling ☐ Internet / social media
☐ Video gaming ☐ Sex / pornography ☐ Shopping

☐ Hoarding ☐ Binging ☐ Purging ☐ Denies

Comments _____

Family History

Was the patient adopted?

☐ Yes ☐ No

Comments _____

Prior foster care or foster placement in childhood?

☐ Yes ☐ No

Comments _____

Parents divorced?

☐ yes ☐ no ☐ never married ☐ separated ☐ N/A

Comments _____

Mother alive? If yes, her age and occupation? If no, cause of death?

☐ Yes ☐ No ☐ N/A

Comments _____

Relationship with mother:

☐ abusive ☐ avoidant ☐ chaotic ☐ controlling
☐ loving ☐ no contact ☐ reliable ☐ supportive
☐ stable ☐ other ☐ N/A

Comments _____

Father alive? If yes, his age and occupation? If no, cause of death?

☐ Yes ☐ No ☐ N/A

Comments _____

Relationship with father:

☐ abusive ☐ avoidant ☐ chaotic ☐ controlling
☐ loving ☐ no contact ☐ reliable ☐ supportive
☐ stable ☐ other ☐ N/A

Comments _____

Siblings:

☐ No siblings ☐ One sibling ☐ Multiple siblings
☐ Sibling(s) deceased ☐ Half-sibling(s) ☐ Step-sibling(s)
☐ Adopted sibling(s)
☐ Other _____

Relationship with family:

☐ abusive ☐ avoidant ☐ chaotic ☐ controlling
☐ loving ☐ no contact ☐ reliable ☐ supportive
☐ stable ☐ other ☐ N/A

Comments _____

Family Psych Hx:

☐ ADHD ☐ Anxiety ☐ Bipolar ☐ Depression
☐ Dementia ☐ Schizophrenia ☐ Substance abuse
☐ Other ☐ N/A

Comments _____

Social History

Patient Reports Feeling:

- ☐ safe
  - ☐ at home
  - ☐ at school
  - ☐ at friends home(s)
  - ☐ overall
  - ☐ other
- ☐ unsafe
  - ☐ at home
  - ☐ at school
  - ☐ at friends home(s)
  - ☐ overall
  - ☐ other

Comments _____

Marital history

☐ Single ☐ Married ☐ Divorced ☐ Separated
☐ Widowed
☐ Other _____

Comments _____

Children?

☐ Yes ☐ No

Comments _____

Current Living Situation:

History of abuse

☐ Denies ☐ Sexual ☐ Physical ☐ Verbal
☐ Other _____

Comments _____

Sexual Orientation

☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Other

Comments _____

Gender Identity:

☐ Male ☐ Female ☐ Gender Neutral/Fluid
☐ Other _____

Comments _____

Spiritual Status:

- ☐ Agnostic
- ☐ Atheist
- ☐ Christianity
  - ☐ Catholic
  - ☐ Eastern Orthodox
  - ☐ Fundamentalist
  - ☐ Protestant
  - ☐ Other
- ☐ Islam
  - ☐ Sunni
  - ☐ Shi'a
- ☐ Judaism
  - ☐ Orthodox
- ☐ None

Comments _____

Occupational/Employment history

Military Service

☐ Yes ☐ No

Comments _____

History of arrests:

☐ Yes ☐ No

Comments _____

History of violence

☐ Yes ☐ No

Comments _____

Social Function and Peer Relationships as an adult:

☐ few friends, but not close ☐ a few close friends
☐ many friends ☐ states no friends ☐ no fear of going out
☐ fearful of going out ☐ likes work ☐ dislikes work
☐ involved in social gatherings, sports or recreational hobbies outside of family life, work or school
☐ in college and enjoys both the social and academic portions
☐ in college and enjoys both the social but not the academic portions
☐ in college and enjoys both the academic but not the social portions
☐ in college and dislikes both the social and academic portions

Comments _____

Birth and Development

Developmental milestones met?

☐ Yes ☐ No

Comments _____

When in school during childhood was the patient on IEP/504 plan or in special education

☐ Yes ☐ No

Comments _____

Highest Level of Education:

☐ Some high school, no diploma
☐ High school diploma or equivalent (GED)
☐ Trade or vocational certification (e.g., HVAC, CNA, Electrician)
☐ Some college, no degree ☐ Associate degree
☐ Bachelor's degree ☐ Master's degree ☐ Doctoral degree
☐ Professional degree (e.g., MD, JD, DDS)

Residence growing up? (City, State, Who lived in the home)

Significant Life Events:

- ☐ None
- ☐ Recent loss of a loved one (e.g., death, separation, divorce)
  - ☐ child
  - ☐ spouse
  - ☐ parent
  - ☐ sibling
  - ☐ other
- ☐ Major relationship changes (e.g., divorce, separation, reconciliation)
- ☐ Birth of a child or changes in family structure
- ☐ Job loss or significant changes in employment
- ☐ Retirement or significant career shift
- ☐ Financial difficulties or significant changes in income
- ☐ Serious illness, injury, or medical diagnosis (self or loved one)
  - ☐ self
  - ☐ loved on
- ☐ Recent relocation or major move
- ☐ Legal issues (e.g., lawsuits, custody battles, criminal charges)
- ☐ Traumatic events (e.g., accidents, assaults, natural disasters)
- ☐ Caring for an ill or elderly family member
- ☐ Other _____

Comments _____

Social Function and Peer Relationships as a child:

☐ few friends, but not close ☐ a few close friends
☐ many friends ☐ states no friends ☐ bullied
☐ no fear of going out ☐ fearful of going out ☐ liked school
☐ disliked school

Comments _____

Current Social/Familial Support:

☐ Significant – I have strong and consistent support from family, friends, or community.

☐ Occasional – I have support, but it's infrequent or not always reliable.

☐ Minimal – I have very little support from family, friends, or community.

☐ None – I do not have any social or familial support at this time.

☐ Uncertain – I am unsure about the reliability or consistency of my support system.

☐ Other _____

Comments _____