CARE PROVIDERS:

PATIENT INFORMATION:

WORK HISTORY:

FAMILY/EARLY ENVIRONMENT:
Where were you born?__________________________________________

Health issues or complications during your mother’s pregnancy, labor/delivery, or during your infancy?__________________________________________

Who raised you during your childhood?__________________________________________

Number of siblings:____ Your place in birth order:__________________________________________

Family members with psychiatric disorders or substance abuse?__________________________________________

0 - 5 RATING SCALE (0=not at all .......... 5=extremely)

How stressful was your early life (birth - 5 years)? 0 1 2 3 4 5
How stressful was your childhood (age 6 - 12 years)? 0 1 2 3 4 5
How stressful were your teen years (age 13 - 19 years)? 0 1 2 3 4 5
YOUR EXPERIENCE WITH DEPRESSION:

BASELINE:
What were you like before depression? Describe your personality as you are/were in your healthiest times of life:

__________________________________________________________________________________

__________________________________________________________________________________

What hobbies or leisure activities did/do you enjoy when you were/are NOT depressed?

__________________________________________________________________________________

__________________________________________________________________________________

ONSET/TREATMENT/COURSE:
How old were you when you first experienced symptoms? _____
Describe the symptoms ______________________________________________________________
When did you first get treatment? (age or year) __________________________________________
Describe first treatment (age or year; medication or therapy) ________________________________

Which one best describes your LIFETIME experience with depression:

□ "Episodes" of more severe symptoms (at least 2 weeks) with some periods between episodes when I feel better/relatively normal
□ Chronic symptoms that never get more than 50% better
□ Both - I have episodes with a clear start and finish, but I'm not fully well in between

When did this current episode of depression begin? _____
List any activities of your daily life that you are not currently able to perform fully because of your depression: ____________________________________________________________

__________________________________________________________________________________

0 - 5 RATING SCALE (0=not at all ............5=extremely)
How closely have you followed your doctor's recommendations about treatment? 0 1 2 3 4
PSYCHIATRIC CARE HISTORY - OVERVIEW:

Are you currently undergoing counseling and/or therapy? (i.e. CBT, neurofeedback, meditation, etc.)

☐ no  ☐ yes: ___ What kind? _________________________________________________________________
How often? __________________________________________
For how long? ______________________________________

Please provide as much detail as you can on treatments you’ve received in the past:
(dates, names, focus of care)

☐ Outpatient Psychotherapy______________________________
☐ Outpatient Psychiatric Medication Management__________________________
☐ Day Hospital (Intensive Outpatient) Programs____________________________
☐ Hospital Admission for Psychiatric Care (Hospital names/Dates):
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
☐ Hospital admission for drug/alcohol detox______________________________
☐ Drug/Alcohol Rehab programs________________________________________
__________________________________________________________________
__________________________________________________________________
☐ ECT (electroconvulsive therapy)? _________________________________
☐ Research/investigational Treatments? _________________________________

Have you ever made a suicide attempt or harmed yourself physically when you were feeling you might not want to keep living with your depression? Describe:
__________________________________________________________________
__________________________________________________________________

Even if no treatment has ever fully resolved your depression, which treatment has worked best for relieving your symptoms?
__________________________________________________________________
__________________________________________________________________

Have you ever experienced full recovery (all the way better for at least a year) from an episode of depression? If yes, describe:
__________________________________________________________________
Describe any bad reaction you've had to a medicine for depression:

____________________________________________________________________________

☐ Please provide a list of all the psychiatric medications you have taken in the past for your depression. You may need to request copies of records from your pharmacy, outpatient doctor, or hospital.

What is your understanding of your mental health diagnosis?

☐ Unipolar Depression

☐ Bipolar Disorder - Depression alternating with manic or hypomaniac states

☐ Some other diagnosis is the reason I'm here: ________________________________

Do you have other psychiatric disorders in addition to depression?

☐ no ☐ yes: ______________________________________________________________

Did/do you have a substance abuse disorder?

☐ no ☐ yes: ______________________________________________________________

OVERALL HEALTH AND FUNCTION:

Please rate your Mental Health and Functioning Level on this scale:

(0=Worst ever ........................................ 100= "normal" or optimal mental health)

Current rating? 0 10 20 30 40 50 60 70 80 90 100

Highest rating you've ever experienced? 0 10 20 30 40 50 60 70 80 90 100

Anything else you think we should know? _______________________________________

____________________________________________________________________________

____________________________________________________________________________

Thank you for taking the time to provide this information. It will help us understand your experience with depression and how to best serve you.