

Patient Label



PHRMH Behavioral Health
 814 13th St Hood River, OR 98648
 (541) 387-6138 (Phone)
 (971) 712-2139 (Fax)

Name _____ Date of Birth _____ Date _____
 Preferred pronoun? She/Her/Hers He/Him/His They/Them/Theirs Other _____

What problem(s) are you seeking help for? _____

I am interested in psychiatric medication therapy both
 I already have a therapist Name of current Therapist _____ Phone _____

What are your biggest stressors? _____
 What are your treatment goals? _____

Past Psychiatric History: Have you had therapy or psychiatric care in the past? Yes No If yes, please describe:
 By Whom Reason Dates treated Where

Have you been to the emergency department or been hospitalized for psychiatric reasons? Yes No
 If yes, please describe further:
 By Whom Reason Dates treated Where

Substance Use History

Do you use:	No	Yes	How much?	How often?	Date last used?	Has use ever been excessive/problematic?	Have you ever had treatment?
Alcohol							
Tobacco							
Marijuana							
Cocaine							
Methamphetamines							
Heroin/Opiates							
Others:							

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Relational History Are you currently: [] Single [] Married [] Partnered [] Divorced [] Widowed
[] In a relationship? How long? _____ Occupation of significant Other? _____
How would you describe your relationship? _____
Prior marriages? [] Yes [] No If yes, how many for how long? _____
Do you have children? [] Yes [] No If yes, age(s) and gender(s)? _____
How would you describe your relationship with your children? _____
What is your current living situation? _____

What other community resources have you accessed that support your mental health? (e.g. church, family, friends, therapist, volunteering, etc.)

Trauma History Have you survived or been a witness to traumatic events (such as war, medical traumas, natural disasters, bullying, car accidents, or emotional, physical, sexual, verbal abuse, or neglect) ? [] Yes [] No
If yes, please explain: _____

Occupational History Highest level of education or degree obtained: _____
Are you currently? [] Working [] Not working by choice [] Unemployed [] Disabled [] Retired
Occupation: _____ Where do you work? _____

Have you ever been in the military? [] Yes [] No If yes, what branch and when? _____

Legal Have you ever been arrested? [] Yes [] No If yes, for? _____
Any charges other than for minor traffic violations? [] Yes [] No If yes, for? _____
Any current pending legal problems? [] Yes [] No If yes, please explain? _____

- I identify my ethnicity as: (please select all that apply)
[] African American/Black [] Native Hawaiian/Pacific Islander
[] Alaska Native/Native American [] Middle Eastern
[] Asian or Asian Indian [] White
[] Hispanic/Latino [] Prefer not to say
[] Other: _____

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Gender: Check as many as are appropriate

- Female Male Transgender (Female to Male Male to Female Other) non-binary/non-conforming
Other

Sexual Orientation Identity

- Bisexual Lesbian
Gay Queer
Heterosexual/Straight Not Sure
Other (please feel free to explain)

What do you do for recreation/do you have any hobbies?

Do you have any other personal goals?

What are some of your strengths?

What are some of your challenges?

Personal and Family Psychiatric History Checklist

Table with 4 columns: Condition, You, Family, Which Family Member(s). Rows include Depression, Anxiety, Obsessive Compulsive Disorder, Post-traumatic stress, Bipolar Disorder, Schizophrenia, Anger / Violence, Attention Deficit, Alcohol Abuse, Substance/Drug Abuse, Dementia, Suicide, Personality Disorder, Other.