

## ADULT NEW PATIENT QUESTIONNAIRE

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NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DOB: \_\_\_\_\_

*Who referred you to see Dr. Balk?*

*What is your primary reason for seeing Dr. Balk?*

*Please list your recent personal, family or financial stressors:*

*Circle symptoms you are currently experiencing:*

*Depressed mood*

*Hopelessness*

*Worthlessness*

*Poor energy*

*Poor self-esteem*

*Appetite change*

*Fatigue*

*Poor concentration*

*Insomnia*

*Thoughts of death*

*Euphoria*

*Less need for sleep*

*High energy*

*Racing thoughts*

*Rapid speech*

*Impulsive actions*

*Worrying Excessively*

*Tense muscles*

*Panic attacks*

*Nightmares of past events*

*Flashbacks*

*Repetitive thoughts*

*Fears or phobias*

*Social anxiety*

*Jerks, grunts, or tics*

*Hyperactivity*

*Compulsive gambling*

*Preoccupation with  
pornography*

*Hearing voices*

*Seeing things*

*Bizarre thoughts*

*Paranoia*

*Misuse of alcohol*

*Misuse of drugs*

*Misuse of medication*

*Compulsive overeating*

*Fear of eating*

*Vomiting after eating*

*Abuse of laxatives*

*Shoplifting*

*Cutting or burning  
yourself*

## **ADULT NEW PATIENT QUESTIONNAIRE**

*Have you previously seen a psychiatrist? Who?*

*List psychiatric conditions other providers have diagnosed in you:*

*Have you ever received mental health treatment as an inpatient in a psychiatric hospital? List name of hospital and year:*

*What current psychiatric medications are you taking?*

*What psychiatric medications were you previously prescribed?*

*Have you ever had ECT ("shock therapy")?*

*Have you ever attempted suicide?*

*What chronic medical conditions do you have?*

*Who is your primary medical care provider?*

*What medication are you currently taking for medical illnesses?*

*What medications are you allergic to?*

*Are you pregnant or expect to become pregnant in the near future?*

*Please note if any of your blood relatives have any of these diseases:*

<i>Depression</i>	<i>Bipolar Disorder</i>	<i>Anxiety</i>
<i>Schizophrenia</i>	<i>Suicide Attempts/ Completed suicide</i>	
<i>Epilepsy</i>	<i>Mental Retardation</i>	<i>Thyroid problems</i>
<i>Drug abuse</i>	<i>Alcohol abuse</i>	<i>Autism</i>
<i>ADHD</i>	<i>Tourette's Syndrome</i>	

## **ADULT NEW PATIENT QUESTIONNAIRE**

*Where did you grow up?*

*How far did you go in schooling?*

*What is your marital status?*

*What are your children's ages?*

*What kind of work do you do?*

*What were your previous jobs?*

*How many people live in your home?*

*Did you ever serve in the military?*

*Have you ever been arrested?*

*Were you ever sentenced to jail or prison by a judge?*

*What religious organizations do you identify with?*

*Have you ever been a victim of a violent crime?*

*Have you ever experienced: Physical abuse?*

*Emotional abuse?*

*Sexual abuse or rape?*

*Do you currently want to seriously hurt someone?*

*Is anyone planning to seriously hurt you, to your knowledge?*

*What do you like to do recreationally?*

## **ADULT NEW PATIENT QUESTIONNAIRE**

*Circle any events that you have experienced in the past year:*

<i>Marriage</i>	<i>Separation/Divorce</i>	<i>Childbirth</i>
<i>New job</i>	<i>Termination from job</i>	<i>Move to new city</i>
<i>DCF Investigation</i>	<i>Death of friend</i>	<i>Arrest</i>
<i>Bankruptcy</i>	<i>Foreclosure</i>	<i>Child moved away</i>
<i>Serious accident</i>	<i>Serious medical Diagnosis</i>	<i>Death of family member</i>
<i>IRS problems</i>	<i>Victim of crime</i>	<i>Identity theft</i>
<i>Domestic Violence</i>	<i>Rape/Sexual assault</i>	

*Other:*

*What are your hopes for your treatment with Dr. Balk?*

*Who do you trust most to support you in your search for treatment? (Friend, family member)*

*Do you have a therapist? Who?*

*What future stressors do you anticipate for yourself?*

*What are your long-term goals?*

*What would you most like to change about your life?*

*What might interfere with your involvement in treatment with Dr. Balk?*

*Are there important things about you that you have never revealed to anyone?*