

Christopher Burritt L.L.C - Child and Adult Psychiatry

Patient name: _____

DOB: _____ **Age:** _____

Primary physician:

Specialist or other physician involved:

Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Allergies (medicines, foods, pets, etc):

_____	_____
_____	_____

Current medications (including over the counter medicines and supplements):

_____	_____
_____	_____
_____	_____

Past medications:

_____	_____
_____	_____
_____	_____

Past and current medical conditions:

Nervous System: Have you had headaches or migraines, dizziness, or seizures?

Eyes: Have you had visual problems? Do you wear glasses or contacts? Have you had eye infections?

Ears: Have you had hearing difficulty or ear infections?

Nose and throat: Do you get frequent colds, sore throat, strep infections, or hoarseness?

Lungs: Have you had breathing difficulty, asthma, pneumonia, or other lung problems? Have you ever required intubation (artificial breathing machine)?

Heart: Have you had any heart problems, racing or pounding heart beat, fainting, or chest pain?

Digestive System: Have you had stomach problems, indigestion or heart burn, nausea, constipation, or diarrhea?

Urinary System: Have you had problems urinating, urinary infections, or urinary accidents?

Muscle/Skeleton System: Have you had problems with muscle strength or activity or bone fractures?

Menstruation: Have you had difficulty with your monthly menses? Examples could include cramping, heavy blood loss, missed menses, and fainting. Are you on a form of contraception such as an oral birth control pill or depot injection?

Past surgeries or procedures:

Past emergency department visits:

Past hospitalizations:

Past neurological tests or procedures (examples include CT scan, MRI, EEG, etc):

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Family medical history (please note age and illnesses or cause of death):

Mother:

Father:

Siblings:

Maternal grandmother:

Maternal grandfather:

Paternal grandmother:

Paternal grandfather:

Please note any other important personal or family history on a separate page if needed.