

Bruce C. Bennett, MD
Pre-evaluation History Summary



Name: _____ Date: _____

DOB: _____

Reason for today's visit: _____

Referred by: _____

Brief description of current symptoms (including duration, severity and/or change):

When did you last feel well? _____

Past **psychiatric** and/or **psychological** treatment and diagnoses (if known):

Current medications and doses:

Psychiatric hospitalizations:

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Chemical dependency or abuse and treatment:

Medical issues being treated:

Primary care provider:

Medications/treatments:

Operations:

Drug allergies:

Any head trauma, loss of consciousness or seizures?

Psychiatric issues that are in your biological family:

*Mother's side:

*Father's side:

*Drug/alcohol issues:

*Completed suicides?

Additional information:

Where were you born and raised?

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How would you describe your childhood (“great,” “chaotic,” etc.)?

Were you social, a “loner,” or in-between?

Interests or extracurricular activities in school?

Work/military history? _____

Legal issues? _____

Any physical, sexual or emotional abuse in your past?

Any additional information you want Dr. Bennett to know about?

Please Circle if you have ever or experiencing any of these symptoms:

Depression

- Worthlessness
- Hopelessness
- Helplessness
- Guilt
- Apathy
- Lack of pleasure in daily life
- Lack of motivation
- Lack of energy
- Loss of interests
- Impaired concentration, focus or short-term memory
- Libidinal changes
- Suicidal ideation
 - Attempts?
 - Attention-seeking?
- Self-injurious ideation
 - Action?
 - Attention-seeking?
- Assaultive ideation
- Duration
- While using drugs or alcohol?



General

- Irritability
 - Spontaneous?
- Ruminative thinking
 - Organized?
 - Confusing?
- Excessive worry/concerned
 - Reality-based?
 - Unrealistic?
- Isolative/reclusive
- Overly social/gregarious
- Insomnia
 - Sleep initiation?
 - Sleep maintenance?
 - Global insomnia?
 - Identifiable causes?

- Fear to sleep?
- Nightmares?
- Excessive sleep?

Self-medicating behavior

- Impulsive behavior
- Anger?
 - Suicide attempts?
 - Other?

- Hallucinations/illusions
- Auditory, visual, tactile,

- If auditory hallucinations exist:
- Command in nature?
 - Number of voices?
 - Identifiable?



Mania

- No need for sleep
- No need for eating
- Racing thoughts – confused
- Speaking too fast
- Speaking too loud
- Pressured speech
- Inflated sense of self and abilities
- Hyper-religiosity
- High libido
- Legal consequences
- Risk-taking behaviors
 - Drinking
 - Drugging
 - Promiscuity
 - Reckless driving
 - Assaultive conduct
 - Other _____

Hospitalizations

- Duration
- While using drugs or alcohol?



Physical

- Numbness
- Paralysis

Loss of any sense

Weakness

Pains

Other paresthesias

Loss of balance

Photophobia

Sound sensitivity

Anxiety

Nervousness

Fears

Phobias

Excessive worry

- Always a “worrier”?
- Baseline with exacerbations?

“Attacks”

- “Out of the blue”?
- Causal factors?
- Other symptoms with attacks?

Depersonalization

Derealization

Dissociation/“lost time”

Flashbacks

Intrusive thoughts or memories (tend to be negative)