

# SEMC Outpatient Psychiatry: New Patient Intake Form

## Fax completed form to Psych Admin at 617-789-3477

Date: \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Name \_\_\_\_\_

Insurance ID # \_\_\_\_\_

Are you currently taking any prescription medication?  Yes  No

*Please list the medication names and dosage and previous medication:*

If you are prescribed ADHD Medication, do you have a history of neuropsychiatric testing?  Yes  No

*Do you have a copy of the testing? (Required)*

Are there any intellectual disabilities?  Yes  No

*Please explain:*

Are you currently seeing a psychiatrist?  Yes  No

*If yes, please list the psychiatrist's name and reason for the transition:*

So you have any history of psychiatric hospitalization?  Yes  No

*Please state the reason and most recent hospitalization:*

Do you have a history of an eating disorder, if so, is it presently active?  Yes  No

Do you have a history of alcohol and/or substance abuse?  Yes  No

*If so, please list the type of abuse.*

Are you currently in treatment or taking Methadone/ Suboxone?  Yes  No

Do you have any current or pending legal concerns? (i.e., custody case, CPS investigation, being monitored by a probation/parole officer)  Yes  No

*Please explain:*

St. Elizabeth's Outpatient Psychiatry  
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Phone: 617-789-2102 (#4 for admin)