SUNIL K KOTTUR MD

Board Certified - Psychiatry & Child/Adolescent Psychiatry

Child Adolescent

Patient Name: _____ Date: _____

What issues are you seeking help for ? _____

_____

_____

_____

Current Medications with dosages (Also, include over the counter, herbal meds, shots, hormone pills, etc.)

_____

_____

_____

_____

Most Recent Psychiatrist: _____

Any Psychiatric Hospitalizations: _____

Name of PCP: _____

Past Medications tried: _____

_____

Medical problems Circle/checkmark as appropriate:

Heart: __No __Yes If Yes, details_____

Seizures: __No __Yes If Yes, details_____

Thyroid: __No __Yes If Yes, details_____

Liver/Kidney: __No __Yes If Yes, details_____

Diabetes: __No __Yes If Yes, details_____

High BP: __No __Yes If Yes, details_____

Other Medical Problems / Surgeries: _____

If applicable: Are you Pregnant? _____ Last Menstrual Period _____

Allergies to Medications, Substances: _____

Family History Circle / Checkmark as appropriate

Depression: __No __Yes If Yes, who_____

Anxiety: __No__Yes If Yes, who_____

Bipolar Disorder (Manic Depressive): __No __Yes Who_____

Schizophrenia/Psychosis: __No __Yes If Yes, who_____

Suicide: __No __Yes If Yes, who_____

Psychiatric Hospitalizations: __No __Yes If Yes, who_____

Other: (Autism, ADHD, OCD etc.) _____

Trauma Have you experienced or witnessed any incident which caused distress to you? (Abuse, Neglect, etc) __No __Yes
If yes, details_____

_____

Social History Circle / Checkmark as appropriate

Any custody/legal issues? __No __Yes If Yes_____

Usage of Nicotine? __No __Yes If Yes, __Current __Past

Usage of any substances like Marijuana, Alcohol, Street drugs?
__No __Yes ; If Yes, __Current or __Past;
Which one/ones_____

Developmental History Circle/Checkmark as appropriate

Any Pregnancy/Labor/Delivery complications for the Birth Mother?
__No __Yes If Yes _____

Usage of any drugs, alcohol, nicotine during pregnancy? __No __Yes
If Yes _____

Any delayed Milestones like Talking, Walking, Toilet Control?
__No __Yes If Yes _____

_____

Other Significant Events growing up:

_____

_____