John Cobb, MD
Board Certified in Psychiatry
Board Certified in Addiction Medicine

6837 82nd Suite 102
Lubbock, Texas 79424

Voice (806) 791-5100
Fax: (866) 560-8557

Confidential

What is your current living situation (whom do you live with)?

Where do you work/attend school?

What is your chief complaint? What brings you in for the office visit today?

During the last 4 weeks have you had difficulty with any of the following problems? Please check all that apply.

____worrying about your health
____your weight or how you look
____little or no sexual desire or pleasure during sex
____difficulties with husband/wife, partner/lover or boyfriend/girlfriend
____the stress of taking care of children, parents or other family members
____stress at work or outside of the home or at school
____financial problems or worries
____having no one to turn to when you have a problem
____something bad that happened **recently**
____thinking or dreaming about something terrible that happened to you **in the past** like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act

Please list all psychiatric hospitalizations and reason for hospitalization:

What have you been **diagnosed with in the past**?

Who has treated you for psychiatric problems?

Please list all **previous** psychiatric medications:

Please list all **current** psychiatric medications and **doses**:

Has drinking alcohol or using illegal drugs ever cause problems with friends, family, school or work?

Have you ever been treated for substance abuse?

How far did you get in school?

Are your biological parents married, divorced, or deceased?

If they are divorced or deceased, how old were you when they were divorced or deceased?

How many brothers and sisters do you have?

Do you get along with your family now/in the past?

Please list all blood relatives with drug or alcohol problems:

Please list all blood relatives with psychiatric problems such as anxiety, depression, bipolar disorder, schizophrenia, ADHD, OCD or other psychiatric conditions?

Please list all blood relatives who have attempted or committed suicide:

Please list your social support network (i.e. whom you talk to when you have a bad day):

What hobbies or interests do you have (what do you do for fun)?

What is your marital/significant other status (married/divorced/single/widowed – how long/how many times)?

If you have children, please list their ages:

Do you consider yourself heterosexual, homosexual, bisexual, or unsure?

Does your sexual orientation impact your mental health in a negative manner?

Please list all arrests, including dates and reason:

Have you served in the military? Please give details (branch, type of discharge, rank at discharge, years of service):

Have you been abused sexually, physically, or emotionally? Please give details:

How is your general health?

Are you allergic to any medications?

Please list all **medical conditions** that you have **now and in the past**, including surgeries, seizures, strokes, and head injuries:

Please list the **last time** you had a physical exam **with laboratory work**, including **abnormal results**.

What is the **name** of your **primary care doctor**?

If you are a female, what form of **birth control** do you use?

Please list all **non-psychiatric medications** that you are taking:

Have you had thoughts of suicide or harming yourself in the past? Please give details:

Have you hurt yourself or attempted suicide in the past? Please give details:

Do you have thoughts of hurting yourself or thoughts of suicide now? Please give details:

Do you have **moods swings** that cause you **problems** with **friends, family, work, school or the legal system? Please give details:**

Have you ever been called **bipolar** or **manic-depressive** by a doctor?

Have you ever been **depressed** or **unable to have any fun** for **over 2 weeks in the past?**

Have you been **depressed** in the ***last* 2 weeks** and had trouble with any of the following? Please check all that apply:

_____little interest or pleasure in doing things
_____feeling down, depressed, or hopeless
_____trouble falling or staying asleep or sleeping too much
_____feeling tired or having little energy
_____poor appetite or overeating
_____feeling bad about yourself or that you are a failure or have let yourself or family down
_____trouble concentrating on things such as reading the newspaper or watching television
_____moving or speaking so slowly that other people could have noticed or the opposite-being so fidgety or restless that you have been moving around a lot more than usual
_____low sex drive

Does your **anxiety in group or public settings** cause **significant** problems because you fear that you will be **humiliated or embarrassed** in some way?

Have you had **anxiety attacks** in the **past 6 months** that were **bothersome** and caused any of the following symptoms? Please check all that apply:

_____heart thumping in chest

_____accelerated heart rate
_____sweating
_____trembling or shaking
_____shortness of breath or smothering
_____feeling of choking-chest pain or discomfort
_____nausea
_____feeling dizzy
_____unsteady
_____lightheaded
_____fear of losing control or going crazy
_____fear of dying
_____numbness or tingling sensations
_____chills or hot flush

Do you have **obsessions or compulsions** that **bother you** or **other people?** Check all that apply:

_____fear of germs
_____wash hands excessively
_____take multiple showers during the day
_____avoid shaking hands or touching door knobs
_____compulsively counting
_____silent praying or repeating words
_____everything must be symmetrical or in order
_____not being able to throw anything away or hoarding things
_____checking that all the doors and windows are locked or that the stove is off
_____other distressing mental rituals

Have you had **bothersome constant** and **general anxiety** in the **past 6 months**? Check all that apply:

____feeling nervous, anxious, on edge or worrying a lot about different things
____feeling restless so that it is hard to sit still
____getting tired very easily
____muscle tension, aches, or soreness
____trouble falling asleep or staying asleep
____trouble concentrating on things, such as reading a book or watching TV
____becoming easily annoyed or irritable

Have you ever had hallucinations such as trouble with hearing or seeing things that only you could hear or see? If so, please give details?

Have you ever had delusions such as believing certain things to be true that were not true such as the FBI was after you, your neighbor was trying to poison you, others could read your mind or you could read theirs, the TV was talking directly to you, or you had special powers? If so, please give details?

How would you describe **your mood for the past 2 weeks?**

Is there anything else I should know about your mental health?

PURPOSE OF THIS FORM: TO DOCUMENT THAT YOU UNDERSTAND THE RISKS AND BENEFITS OF TREATMENT AND THAT YOU CONSENT TO PSYCHIATRIC CARE

In the course of treatment with Dr. Cobb, he may order laboratory tests, psychotherapy, prescribe medications, and perform other medical procedures that may be helpful in treating any psychiatric condition that you may have. During treatment with ***Dr. Cobb, you agree to ask questions and get answers to your satisfaction regarding:****:*

1. What your condition or diagnosis is.

2. What symptoms the medication(s) should reduce and how likely the medications are to work.

3. What your chances are of getting better without the medication(s).

4. What other reasonable treatments are available.

5. The name, dosage, frequency, route of administration and duration of prescribed medications.

6. Side effects of the medications known to commonly occur.

7. Any special instructions about taking the medications.

You also acknowledge that:

1. Side effects to medications can sometimes be very serious and even cause death. You agree to read the pharmacy literature given to you by your pharmacist and Dr. Cobb and call with any questions before and/or after taking any medications prescribed.

2. ***Dr. Cobb does not work in hospitals, and in the case of an emergency such as an allergic reaction or thoughts of suicide, you agree to dial 911 or go to the nearest emergency room at once for treatment.***

I have read and understand the above:

*Date:*_____

*Printed Name:*_____

*Signed Name:*_____