

ABDUL KHALID, MD, P.A.

312 W Millbrook Road, Suite 121 Raleigh NC 27609-4398

Phone (919) 648-0281 Fax (919) 400-4505

PATIENT INFORMATION

DATE _____ SSN _____

PATIENT NAME _____
Last First M

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME # (_____) _____ WORK # (_____) _____ CELL # (_____) _____

Email: _____

Please circle preferred phone # to contact you _____ Please Initial

Would you like a reminder call/Text Message 24 hours prior to appointment? Yes or No

*****This is only a courtesy call you are still responsible to remember your appointment details*****

AGE _____ BIRTHDATE _____ SEX _____ MARITAL STATUS _____

EMPLOYER _____ OCCUPATION _____ EDUCATION _____

SPOUSE/PARENT(S) _____

EMPLOYER (Spouse/Parent) _____ WORK NUMBER _____

NEAREST RELATIVE NOT LIVING WITH YOU _____ PHONE _____

IN CASE OF EMERGENCY
CONTACT _____ RELATIONSHIP _____ PHONE _____

PERSON RESPONSIBLE FOR BILL _____ RELATIONSHIP _____

PRIMARY PHYSICIAN _____ PHONE _____

REASON FOR VISIT: _____

How did you hear about us? _____

List any health problems for which you have recently received or are currently receiving treatment:

List any medical or psychiatric hospitalizations:

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List any psychiatrist or therapist that you have seen or are currently seeing:

History of significant illness or injury: _____

List all medications you are currently taking (Over the counter and Prescription): (Use back of form if needed)

Any Allergies? _____

Do you have a history of head trauma (Circle one) YES NO
If yes, Please explain:

Female Patients: Are you pregnant? YES NO

Is there anything else we need to know about your medical history? Please use the back of this form if necessary. _____

Patient's Name Date

Patient's Signature

Parent / Guardian's Name

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SYMPTOMS CHECKLIST

<ul style="list-style-type: none"> ○ Unhappiness ○ Loneliness ○ Depressed mood ○ Frequent crying/tearfulness ○ Low energy ○ Difficulty concentrating ○ Indecisiveness ○ Hopelessness ○ Worthlessness ○ Poor appetite ○ Overeating ○ Sleeping too much ○ Unable to go to sleep ○ Unable to stay asleep ○ Lack of interest/pleasure in activities (including sex) ○ Suicidal thoughts ○ Suicidal attempts ○ Homicidal thoughts ○ Homicidal attempts ○ Self-destructive behavior including cutting, burning oneself 	<ul style="list-style-type: none"> ○ Not doing homework or assigned tasks ○ Late for school or work ○ Often interrupts others ○ Difficulty sustaining attention ○ Procrastination ○ Easily distracted ○ Impulsivity ○ Inability to concentrate ○ Unable to be still ○ Inability to focus ○ Difficulty organizing ○ Starts but doesn't finish task ○ Indecisiveness ○ Bedwetting ○ Fire setting ○ Stealing ○ Physical fights ○ Argumentative ○ Destruction of property ○ Compulsive behavior Poor impulse control
<ul style="list-style-type: none"> ○ Excessive worrying ○ Fearful of _____ ○ Panic attacks ○ Racing/pounding heart ○ Hot flushes ○ Shortness of breath ○ Trembling ○ Headaches ○ Stomachaches ○ Feeling like you are going crazy 	<ul style="list-style-type: none"> ○ Nightmares ○ Obsessive thoughts ○ Withdrawal from friendships ○ Hypervigilance ○ Easily startled ○ Memory problems ○ Flashbacks ○ Intrusive memories ○ Numbness ○ Inability to have loving feelings ○ Feeling detached from oneself
<ul style="list-style-type: none"> ○ Racing thoughts ○ Agitation ○ Decreased need to sleep ○ Outbursts of anger ○ Feeling on top of the world ○ Increased energy ○ Poor judgment ○ Sexual indiscretions ○ Bad business ventures ○ Buying sprees ○ Activities with potential for harm 	<p><u>Difficulty with any of the following:</u></p> <ul style="list-style-type: none"> ○ Caring for children ○ Cleaning the house ○ Cooking meals ○ Driving the car ○ Running errands ○ Functioning at work ○ Functioning at school ○ Performing personal hygiene/dressing self ○ Eating properly ○ Taking medications as prescribed ○ Exercising ○ Getting out bed