



## New Patient Questionnaire

Please complete these forms and send them prior/bring them with you to your initial appointment. If you have any questions, please call (813)686-6807 or email [info@TampaPsychiatricCare.com](mailto:info@TampaPsychiatricCare.com). We will also need a copy of a valid government issued photo ID.

Patient's Name:

Date of Birth :

Phone Number:

Email Address:

Mailing Address:

Emergency Contact:

Relationship to Patient:

Contact's Primary Phone:

Preferred Pharmacy:

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Past Psychiatric History:

Past Diagnoses:

Past Psychiatric Hospitalizations or Suicide Attempts:

Current Medications:

Past Medications:

Past Mental Health Providers:

Past Medical History:

Recent BP/HR:

Past Surgical History:

Social History:

Highest education:

Occupation:

Alcohol:

Tobacco:

Cannabis:

Other Substances:

Family History:

Psychiatric diagnoses:

Substance abuse:

Suicide attempts: