

Date: __/__/__

Name _____

Date of Birth : __/__/__

In the past I have been diagnosed with: Please mark all that apply

- Major depression. Severe
- Treatment resistant major depression.
- Bipolar disorder.
- PTSD (post traumatic stress disorder).
- Opioid addiction.
- OCD (obsessive compulsive disorder)
- Anxiety.
- Other-please write

Psychiatric Hospitalizations

- Date __/__/__ - Facility: _____
- Date __/__/__ - Facility: _____
- Date __/__/__ - Facility: _____
- Date __/__/__ - Facility: _____
-

Psychiatric treatment

- I do/ I do not currently have a treating psychiatrist
- Name _____ Phone # _____

Therapy/ counseling

- I am/am not currently in cognitive behavioral therapy o
- I am in therapy but I am not sure what type
- I was/ was not in cognitive behavioral therapy
- I was in therapy but I am not sure what kind
- Name _____ Phone # _____

I have received the following treatments (please mark all that apply)

ECT :yes/no

TMS : Yes/No

Ketamine infusions yes/no

Spravato yes/no

Antidepressant medications yes/no

How many antidepressants did you try 0-1-2-3-more than 3 (list of meds attached)
Did you have augmentation therapy yes/ no/ not sure

I have a history of seizures or epilepsy yes/no

I have metal implants yes/ no :where _____

I have stimulators in my body yes/no. please describe the part of the body where its situated

I have cochlear implant yes/no

I have bullet fragments yes/no - where_____

I have/ do not have medical insurance

My medical insurance carrier is: _____

My situation now is

Desperate: I need an immediate solution different from what I do now

I need an appointment as soon as possible

Bad but can wait a few weeks

I am just looking for a better solution than what I have now