WESTON MEDICAL HEALTH & WELLNESS

# Mental Wellness

| **Personal Details:** | | | | | |
|---|---|---|---|---|---|
| Last Name: | | First Name: | | Middle Name: | |
| Name you prefer to be called: | | | | | |
| Patient Address: | | | | | |
| City: | | State: | | Zip: | |
| Email Address: | | Phone Number: | | | |
| Birthdate: | | Age: | | Sex: ☐ M ☐ F | |
| How did you hear about us? | | | | | |

| **In Case of Emergency:** | | | | | |
|---|---|---|---|---|---|
| Name: | | Relationship: | | Phone: | |
| Patient's Spouse: | | | | Phone: | |
| Family Physician: | | | | Phone: | |

**Financial Policy:**

Thank you for selecting Weston Medical Health & Wellness for your health care needs. We are honored to be of service to you and your family. This is to inform you of our billing requirements and our financial policy. Please be advised that payment for all services will be due at the time services are rendered, unless prior arrangements have been made. For your convenience, we accept All Major Credit Cards and HSA.

I agree that should this account be referred to an agency or an attorney for collection, I will be responsible for all collection costs, attorney's fees and court costs.

I have read and understand all of the above and have agreed to these statements.

| Patient's Signature: | | Date: | |
|---|---|---|---|

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## MAJOR INDICATIONS

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you sunburn easily? Do you have fair or pale skin? |
| ☐ | ☐ | Do you tend to avoid stressful situations easily? |
| ☐ | ☐ | Do you have poor dream recall or only exciting dreams (nightmares)? |
| ☐ | ☐ | Is it hard to recall what you've just read? |
| ☐ | ☐ | Are your eyes sensitive to bright lights? |
| ☐ | ☐ | Do you get frequent colds or infections? |
| ☐ | ☐ | Are there white spots/flecks on your fingernails? |
| ☐ | ☐ | Are you prone to acne, eczema, or psoriasis? |
| ☐ | ☐ | Do you have stretch marks on your skin? |
| ☐ | ☐ | Do you prefer not to eat breakfast or even experience light nausea in the morning? |
| ☐ | ☐ | Are there severe mood problems, mental illness, or alcoholism in your family? |

## INDICATIONS THAT ARE OCCASIONALLY PRESENT

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you have a reduced amount of head hair or do you have prematurely gray hair? |
| ☐ | ☐ | Are you becoming more of a loner as you age? |
| ☐ | ☐ | Have you been anxious, fearful, or felt a lot of inner tension since childhood? |
| ☐ | ☐ | If you arc over age 16, do you have bouts of depression and/or nervous exhaustion? |
| ☐ | ☐ | Do you have headaches? |
| ☐ | ☐ | Did you reach puberty earlier or later than normal? |
| ☐ | ☐ | Do you sneeze in sunlight (1 in 10 have this symptom) |
| ☐ | ☐ | Do loud noises bother you? |
| ☐ | ☐ | Do you prefer the company of one or two close friends rather than a gathering of friends? |
| ☐ | ☐ | Have you noticed a sweet smell (fruity odor) to your breath or sweat when ill or stressed? (Rare symptom) |
| ☐ | ☐ | Do you have a poor appetite or a poor sense of taste? Do you enjoy spicy food? |
| ☐ | ☐ | Do you have any upper abdominal or spleen pain? As a child, did you get a "stitch" in your side when you ran? (1 in 10 have this symptom) |
| ☐ | ☐ | Do your knees crack or ache? |
| ☐ | ☐ | Are you anemic? (1 in 10 have this symptom) |
| ☐ | ☐ | Are you easily upset (internally) by criticism? |
| ☐ | ☐ | Do you have frequent mood swings? |
| ☐ | ☐ | Do you tend to carry any excess fat in your lower extremities rather than evenly distributed around your body (a pear-shaped figure)? |

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| Check all that apply to you | SYMPTOMS | check all known to apply to relatives |
|---|---|---|
| ☐ | white spots on nails | ☐ |
| ☐ | under-achiever | ☐ |
| ☐ | texture sensitive | ☐ |
| ☐ | tantrums | ☐ |
| ☐ | strong willed | ☐ |
| ☐ | stretch marks | ☐ |
| ☐ | pre-mature gray | ☐ |
| ☐ | poor wound healing | ☐ |
| ☐ | poor short term memory | ☐ |
| ☐ | poor muscle tone | ☐ |
| ☐ | phobias and fears | ☐ |
| ☐ | perfectionist | ☐ |
| ☐ | panic | ☐ |
| ☐ | pale skin / poor tanning | ☐ |
| ☐ | odor sensitive | ☐ |
| ☐ | obsessions | ☐ |
| ☐ | negative perspective | ☐ |
| ☐ | mood swings | ☐ |
| ☐ | menstrual irregularity | ☐ |
| ☐ | light sensitive | ☐ |
| ☐ | highly creative | ☐ |
| ☐ | heart murmur | ☐ |
| ☐ | hallucinations | ☐ |
| ☐ | fruity breath odor | ☐ |
| ☐ | frequent nausea | ☐ |
| ☐ | frequent infections | ☐ |
| ☐ | dry mouth | ☐ |
| ☐ | depression / sadness | ☐ |

| Check all that apply to you | SYMPTOMS | check all known to apply to relatives |
|---|---|---|
| ☐ | delusions | ☐ |
| ☐ | delayed puberty | ☐ |
| ☐ | dark urine | ☐ |
| ☐ | chronic joint pains | ☐ |
| ☐ | anxiety | ☐ |
| ☐ | "stitch in the side" pain | ☐ |
| ☐ | "night owl" | ☐ |
| ☐ | ADD/ADHD | ☐ |
| ☐ | ulcers | ☐ |
| ☐ | kidney disease | ☐ |
| ☐ | diabetes | ☐ |
| ☐ | heart disease | ☐ |
| ☐ | arthritis | ☐ |
| ☐ | cancer | ☐ |
| ☐ | dementia | ☐ |
| ☐ | stroke | ☐ |
| ☐ | autism | ☐ |
| ☐ | schizophrenia | ☐ |
| ☐ | bipolar disorder | ☐ |
| ☐ | asthma | ☐ |
| ☐ | sound sensitive | ☐ |
| ☐ | social isolation | ☐ |
| ☐ | skips breakfast | ☐ |
| ☐ | sensitive to loud noise | ☐ |
| ☐ | ringing in the ears | ☐ |
| ☐ | reading disorder | ☐ |
| ☐ | psoriasis | ☐ |
| ☐ | eczema | ☐ |

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## Please rate the following symptoms from 1 for seldom to 5 very often

**Sleep**

| | | | |
|---|---|---|---|
| Difficulty falling sleep | | Difficulty Maintaining Sleep | |
| Difficulty Walking | | Nightmares or Vivid Dreams | |
| Night Terrors | | Restless Sleep | |
| Snoring | | Sleep Apnea | |
| Bruxism | | Sleep Walking | |
| Talking during sleep | | Night Sweats | |
| Narcolepsy | | Restless Leg | |
| Periodic leg Movements | | Nocturnal Enuresis | |

**Attention and Concentration**

| | | | |
|---|---|---|---|
| Poor Short-term memory | | Distractibility | |
| Unmotivated | | Difficulty Completing task | |
| Difficulty thinking clearly | | Difficulty making decisions | |
| Poor Vocabulary | | Messy Handwriting | |
| Poor drawing ability | | Poor Math | |
| Reading Difficulty | | Not Listening | |
| Lacking Common Sense | | Slow Thinking | |
| Lack of alertness | | Difficulty Shifting Tasks | |
| Poor Concentration | | Poor Sustained attention | |
| Difficulty Shifting attention | | Difficulty understanding Conversations | |
| Difficulty Organizing time or space | | Poor Word Finding | |
| Difficulty remembering names | | Poor Verbal Expression | |
| Difficulty following directions | | | |

**Sensory**

| | | | |
|---|---|---|---|
| Visual hypersensitivity | | Auditory hypersensitivity | |
| Tactile hypersensitivity | | Tinnitus | |
| Vertigo | | Visual deficits | |
| Chemical sensitivities | | Somatosensory deficits | |
| Poor body awareness | | Motion sickness | |

**Behavioral**

| | | | |
|---|---|---|---|
| Stuttering | | Poor speech articulation | |
| Impulsivity | | Rages | |
| Hyperactivity | | Class clown | |
| Motor or vocal tics | | Compulsive behaviors | |
| Inflexibility | | Manipulative behaviors | |
| Aggressive behaviors | | Oppositional or defiant behavior | |
| Crying | | Poor eye contact | |
| Autistic stimming | | Addictive behaviors | |
| Nail biting | | Lack of social interest | |
| Lack of appetite awareness | | Compulsive eating | |
| Binging and purging | | Lack or sense of humor | |

| | | | |
|---|---|---|---|
| Binging and purging | | Lack or sense of humor | |
| Poor Grooming | | Excessive talking | |
| Poor Social | | Anorexia | |
| Self-injurious behavior | | | |

**Emotional**

| | | | |
|---|---|---|---|
| Irritability | | Agitation | |
| Emotional Reactivity | | Mood swing | |
| Depression | | Mania | |
| Anxiety | | Fears | |
| Obsessive worries | | Lack of emotional awareness | |
| Lack of social awareness | | Low self esteem | |
| Panic attacks | | Flashbacks of trauma | |
| Dissociative episodes | | Anger | |
| Impatience | | Suicidal thoughts | |
| Paranoia | | Feelings of unreality | |
| Lack of pleasure | | Difficult to soothe | |
| Obsessive negative thoughts | | Easily embarrassed | |

**Physical**

| | | | |
|---|---|---|---|
| Low muscle tone | | Spasticity | |
| Chronic constipation | | Irritable bowel | |
| Seizures | | Poor fine motor coordination | |
| Poor gross motor coordination | | Poor balance | |
| Immune deficiency | | PMS symptoms | |
| Heart palpitation | | Tachycardia | |
| High blood pressure | | Reflux | |
| Tremor | | Rigidity | |
| Fatigue | | Asthma | |
| Sugar craving and reactivity | | Allergies | |
| Muscle tension | | Hot flashes | |
| Sweating | | Muscle weakness | |
| Stress incontinence | | Urge incontinence | |
| Encopresis | | Nausea | |
| Difficulty walking or moving | | Effort fatigue | |
| Difficulty working | | Clumsiness | |
| Muscle twitches | | Skin rashes | |

**Pain**

| | | | |
|---|---|---|---|
| Chronic aching pain | | Migraine headaches | |
| Muscle Tension Headaches | | Trigeminal Neuralgia | |
| Sciatica | | Fibromyalgia Pain | |
| Chronic nerve pain | | Stomach Aches | |
| Joint Pain | | Muscle Pain | |
| Jaw pain | | Abdominal Pain | |
| Sinus headaches | | | |

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# Family History

| Symptom | Yes | No | Relationship |
|---|---|---|---|
| Asthma | ☐ | ☐ | |
| Autoimmune Disorders:<br>I Diabetes, Rheumatoid Arthritis<br>Lupus, MS, Sclerodenna, etc. | ☐ | ☐ | |
| Thyroid disorder | ☐ | ☐ | |
| Migraine | ☐ | ☐ | |
| Sleep Problems | ☐ | ☐ | |
| Depression | ☐ | ☐ | |
| Manic-depression | ☐ | ☐ | |
| Anxiety | ☐ | ☐ | |
| Phobias | ☐ | ☐ | |
| Panic Attacks | ☐ | ☐ | |
| Motor or Vocal Tics | ☐ | ☐ | |
| Seizures | ☐ | ☐ | |
| Eating Disorders or Obesity | ☐ | ☐ | |
| Addictions | ☐ | ☐ | |
| Obsessive Compulsive Symptoms | ☐ | ☐ | |
| Speech Problems | ☐ | ☐ | |
| Attention Problems | ☐ | ☐ | |
| Hyperactivity | ☐ | ☐ | |
| Learning Problems | ☐ | ☐ | |
| Conduct Problems or Criminal | ☐ | ☐ | |
| Behavior | ☐ | ☐ | |
| Autism spectrum | ☐ | ☐ | |
| Schizophrenia | ☐ | ☐ | |

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# Treatment History

## Medications:

| Medication | For Condition | Dose | Dates |
|---|---|---|---|
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## Medical Treatment

| Procedure | For Condition | Description | Dates |
|---|---|---|---|
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## PSYCHOLOGICAL THERAPHY

| Therapy | For Condition | Therapist | Dates |
|---|---|---|---|
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| | | | |

## OTHER THERAPHY:

| Therapy | For Condition | Therapist | Dates |
|---|---|---|---|
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| | | | |
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