

Psychiatry Patient Information Form

This **psychiatry patient information form** sample is designed to streamline data collection in mental health centers, ensuring accurate and comprehensive patient records. It facilitates effective diagnosis and personalized treatment planning by capturing essential medical and personal history. Utilizing this form enhances communication between patients and mental health professionals, promoting better care outcomes.

Patient Demographics

Full Name

Date of Birth

Gender

 Select

Address

Phone Number

Email Address

Emergency Contact

Contact Name

Relationship

Phone Number

Medical & Mental Health History

Previous or Current Mental Health Diagnosis

Current Medications (including psychiatric and others)

Other Medical Conditions (e.g., diabetes, hypertension)

Known Allergies

Substance Use (alcohol, tobacco, illicit drugs)

Social History

Marital Status

Select

Employment Status

Select

Living Situation

Reason for Visit / Current Concerns

Briefly describe the main reason for seeking psychiatric care:

Submit