

# 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**

**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**

**Employment Status**

**Living Situation**

Reason for Visit / Current Concerns

**Briefly describe the main reason for seeking psychiatric care:**

Submit