MERIDIAN
PSYCHIATRIC PARTNERS

PATIENT MEDICAL HISTORY

PATIENT INFORMATION

NAME (First, Middle, Last) HEIGHT WEIGHT

Reason for today's visit:

Medication allergies (symptoms of allergic reaction):

Current prescription and over-the-counter medications (provide doses, if possible):

Past medications tried for treatment of a mental health condition or insomnia (doses, if you recall):

Primary Care Physician

NAME ADDRESS PHONE NUMBER

Current Psychiatrist (if applicable)

NAME ADDRESS PHONE NUMBER

Current Therapist

NAME EMAIL

ADDRESS PHONE NUMBER

Medical conditions you have been treated for:

Covid Vaccination Status: ☐ Not Vaccinated ☐ One Dose ☐ Two Doses ☐ Boosted

Psychiatric hospitalizations (reason, location, and dates if possible):

625 North Michigan Avenue, Suite 2550, Chicago, IL, 60611 Phone: 312-640-7740 Fax: 312-640-7736 www.meridianpsychiatricpartners.com

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Suicide attempts (dates, if possible):

Substance use disorder treatment (dates and location, if possible):

Family history of psychiatric illness (please list family member and known diagnosis):

Please look at the list of physical symptoms below and check off any that you have experienced in the last SEVERAL DAYS:

- ☐ Chronic pain
- ☐ Loss of appetite
- ☐ Increase in appetite
- ☐ Unexplained weight loss
- ☐ Weight gain
- ☐ Fatigue/Lethargy
- ☐ Unexplained fever
- ☐ Hot or cold spells
- ☐ Night sweats
- ☐ Sleeping pattern disruption

- ☐ Eye pain
- ☐ Blurred or double vision
- ☐ Visual change
- ☐ Retinal hemorrhage (floaters in vision)
- ☐ Tinnitus (ringing in ears)
- ☐ Decreased hearing or hearing loss
- ☐ Frequent nose bleeds
- ☐ Difficulty swallowing
- ☐ Teeth grinding/clenching at night
- ☐ Dry mouth

- ☐ Joint pains or stiffness
- ☐ Muscle pain or cramping
- ☐ Muscle weakness
- ☐ Back pain or stiffness

- ☐ Chest pain
- ☐ Pacemaker placement
- ☐ Palpitations (fast or irregular heartbeat)
- ☐ Swollen feet or hands
- ☐ Fainting spells
- ☐ Shortness of breath with mild exercise
- ☐ Chronic cough
- ☐ Chronic shortness of breath
- ☐ Chronic wheezing/Asthma
- ☐ Coughing blood

- ☐ Frequent diarrhea
- ☐ Frequent constipation
- ☐ Persistent nausea or vomiting
- ☐ Abdominal pain
- ☐ Frequent heartburn (GERD)
- ☐ Blood in stool
- ☐ Dark/Tarry stools

- ☐ Frequent infections
- ☐ Hives
- ☐ Cold or heat intolerance
- ☐ Excessive thirst or urination
- ☐ Excessive/Easy bruising

- ☐ Painful/Burning urination
- ☐ Urine retention

- ☐ Dizziness/Vertigo
- ☐ Short-term memory difficulties
- ☐ Frequent headaches
- ☐ Numbness/Tingling sensations
- ☐ Tremors in hands/shaking
- ☐ Muscle spasms or tremors

- ☐ Rashes
- ☐ Hair or nail changes
- ☐ Hair loss

- ☐ Feeling depressed
- ☐ Difficulty concentrating
- ☐ Phobias/Unexplained fears
- ☐ No pleasure from life anymore
- ☐ Panic attacks or frequent anxiety
- ☐ Frequent insomnia
- ☐ Excessive moodiness
- ☐ Confusional states
- ☐ Frequent nightmares

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CONSENT TO OBTAIN MEDICATION HISTORY

Meridian Psychiatric Partners has adopted an electronic medical record system in order to improve the quality of our services. This system also allows us to collect and review your "medication history." A medication history is a list of prescription medicines that we or other doctors have recently prescribed for you. This list is collected from a variety of sources, including your pharmacy and your health insurer.

An accurate medication history is very important to helping us treat you properly and in avoiding potentially dangerous drug interactions.

By signing this consent form you give us permission to collect, and give your pharmacy and your health plan permission to disclose, information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medications to treat AIDS/HIV and medicines used to treat mental health conditions, such as depression. This information will become part of your medical record.

This medication history is a useful guide, but it may not be completely accurate. Some pharmacies do not make drug history available to us, and the drug history from your health plan might not include drugs that you purchased without using your health insurance. Your medication history might not include over-the-counter medicines, supplements or herbal remedies. It is still very important for us to take the time to discuss everything you are taking, and for you to point out to us any errors in your medication history.

☐ **I give permission for Meridian Psychiatric Providers to obtain my medication history from my pharmacy, my health plans and my other healthcare providers.**

☐ **I DO NOT give permission for Meridian Psychiatric Providers to obtain my medication history from my pharmacy, my health plans and my other healthcare providers.**

SIGNATURE

PATIENT NAME | DATE OF BIRTH

PATIENT SIGNATURE | DATE

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