

Hello, thank you for reaching out to Shifa Health for your care. To better assist you please complete the following questions in detail.

Questionnaire:

- Purpose/goal of visit and current symptoms (give detail and with description of severity)
- Current psychiatric medications. List all. (names and doses, are medications helpful, are there side effects? )
- Who is currently prescribing your medications
- Previous psychiatric diagnoses
- Previous psychiatric providers (name and address and date last seen)
- Previous or current psychotherapy (name and address and date last seen)
- Have you ever been hospitalized for a psychiatric condition (when, where)
- Current medical diagnosis and medical problems and medications used for treatment (list all)

If you are having any thoughts of suicide, seek emergency care immediately, call 911 or go to emergency department ASAP

- Have you ever tried to end your life?
- Have you ever experienced psychosis (hallucinations or paranoia)?