

UNC Department of Psychiatry, Raleigh Campus  
Faculty Outpatient Practice

**Adult Registration and History**

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**PATIENT DEMOGRAPHICS**

First Name (Legal)

Last Name

Preferred Name/Nickname

Date of Birth

Current Age

Gender

Male

Race

Female

Social Security Number

Address

City, State, Zip

Phone

Cell

Home

Work

Phone

Cell

Home

Work

E-mail Address

Additional Contact Information

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**CURRENT PROVIDERS**

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Referral Source

Referral Contact Information

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## INSURANCE INFORMATION

Provider

Primary Person Covered

Relationship to Patient

Address

Phone

Employer

Primary Person's SS#

Patient's Member #

Group Number

Secondary Insurance                      Yes              No

*It is highly recommended that you contact your insurance company prior to the first visit to ensure you are aware of your coverage and any limitations. You may contact the department's Financial Counselor, Sarah Cooper, at (919) 966-0089 for additional assistance with this.*

**Please bring the patient's insurance card to the first appointment!**

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## HISTORY OF PROVIDERS

Any previous mental health services (therapy, medication, testing, etc.)?                      Yes              No

Current Prescribing Physician

Address

Phone

Previous/Current Psychiatric Diagnosis

Current Psychiatric Medications

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Previous Provider

Phone

Previous Provider

Phone

Previous Provider

Phone

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Past Psychiatric Hospitalizations  
(with dates and reasons)

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Past Medical Diagnosis and  
Current Concerns

Current Primary Physician

Address

Phone

Current Medical Medications

Date of last check-up

Past Medical Hospitalizations  
(with dates and reasons)

Frequent headaches?

Yes

No

Frequent stomachaches?

Yes

No

Allergies

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## REASONS FOR SEEKING EVALUATION/TREATMENT

### Current Concerns

Current suicidal thoughts and/or gestures?	No	Yes	Unknown
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Past history of suicide attempts and/or gestures?	No	Yes
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If yes, please explain.

History of involvement with law enforcement?	No	Yes
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If yes, please explain.

History of involvement with Child Protective Services?	No	Yes
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If yes, please explain.

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## PROBLEM CHECKLIST

1= Never

2= Sometimes

3= Often

4= Always

NA= Unknown or not applicable

Sad or Depressed Mood	1	2	3	4	NA
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Lack of interest/motivation in previously enjoyed activities	1	2	3	4	NA
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Boredom	1	2	3	4	NA
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Withdrawal from friends	1	2	3	4	NA
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Multiple unexplained medical complaints	1	2	3	4	NA
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Decreased self-esteem	1	2	3	4	NA
Excessive self-blame and guilt	1	2	3	4	NA
Suicidal behaviors or thoughts	1	2	3	4	NA
Increased tearfulness	1	2	3	4	NA
Rapid changes in mood	1	2	3	4	NA
Difficulty making friends	1	2	3	4	NA
Difficulty keeping friends	1	2	3	4	NA
Increased irritability, difficult to please	1	2	3	4	NA
Overly sensitive to others	1	2	3	4	NA
Rages that last an hour or more	1	2	3	4	NA
Rapid and continuous speech	1	2	3	4	NA
Inflated beliefs about self and abilities	1	2	3	4	NA
Decreased need for sleep	1	2	3	4	NA
Overactive	1	2	3	4	NA
Fidgets	1	2	3	4	NA
Easily distracted or inattentive	1	2	3	4	NA
Impulsive	1	2	3	4	NA
Difficulty following through with directions	1	2	3	4	NA
Fails to finish tasks	1	2	3	4	NA
Loses things easily	1	2	3	4	NA
Changes the topic often and unprompted when speaking with others	1	2	3	4	NA
Has difficulty waiting turns	1	2	3	4	NA
Often blames others for his/her mistakes or misbehaviors	1	2	3	4	NA

Difficulty complying with reasonable rules	1	2	3	4	NA
Defiant toward authority	1	2	3	4	NA
Looses his/her temper often	1	2	3	4	NA
Has set fire(s)	1	2	3	4	NA
Involvement in physical fights	1	2	3	4	NA
Has homicidal behaviors and/or plans	1	2	3	4	NA
Dangerous behaviors and/or plans	1	2	3	4	NA
Deliberate cruelty to animals or people	1	2	3	4	NA
Sexual abuse of others	1	2	3	4	NA
Changes in sleep (explain below)	1	2	3	4	NA
Changes in weight (explain below)	1	2	3	4	NA
Changes in appetite (explain below)	1	2	3	4	NA
Binge eating	1	2	3	4	NA
Over use of laxatives, diuretics, or diet pills	1	2	3	4	NA
Fasting or strict dieting not prescribed by a physician	1	2	3	4	NA
Persistent concern with body shape/weight	1	2	3	4	NA
Excessive exercise or preoccupation with exercise	1	2	3	4	NA
Excessively shy when with unfamiliar people	1	2	3	4	NA
Startles easily	1	2	3	4	NA
Seems on edge	1	2	3	4	NA
Stuck on a traumatic event	1	2	3	4	NA
Nightmares about past events	1	2	3	4	NA

Frequency

Preoccupation for cleanliness, excessive hand-washing or peculiar orderliness	1	2	3	4	NA
Habits or rituals that you feel compelled to do	1	2	3	4	NA
Unpleasant thoughts	1	2	3	4	NA
Unnecessary or excessive worries	1	2	3	4	NA
Doesn't talk outside the home, limits who he/she will talk to	1	2	3	4	NA
Abnormal movements, jerks or tics of the head, shoulders, mouth, upper or lower body	1	2	3	4	NA
History of frequent coughing, throat clearing, stuttering, or unusual noises	1	2	3	4	NA
Difficulty understanding spoken directions with many steps or long sentences	1	2	3	4	NA
Needs someone to "interpret" what someone else has said	1	2	3	4	NA
Difficulty expressing ideas or feelings, fully answering questions	1	2	3	4	NA
Difficulty following television programs	1	2	3	4	NA
Doesn't understand gestures or facial expressions of others	1	2	3	4	NA
Doesn't make good eye contact	1	2	3	4	NA
Restricted or repetitive patterns of behavior, interests, activities or routines.	1	2	3	4	NA
Difficulty following social rules (when/how to interrupt, taking turns, personal space)	1	2	3	4	NA
Does not play well or interact with children; prefers to play alone.	1	2	3	4	NA
Unusual fascination with objects (not toys)	1	2	3	4	NA
Has abnormally strange ideas	1	2	3	4	NA

Displays bizarre behaviors	1	2	3	4	NA
Has unusual worries or thoughts	1	2	3	4	NA
Speech does not make sense to others (loosely connected ideas, rambling, etc.)	1	2	3	4	NA
Sees or hears things that others do not	1	2	3	4	NA
Hoards food or objects	1	2	3	4	NA
Is destructive of his/her or others' things	1	2	3	4	NA

Explanation for items above:

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Does patient have any current or history of alcohol/drug use?      Yes      No

If yes, please answer questions below.

Current substance(s) used:

Frequency of Use?      Amount

Past substance(s) used:

Frequency of Use?      Amount

History of blackouts, overdoses, withdrawal symptoms, or other physical symptoms due to alcohol or drug use?

Yes      No

Periods of sobriety (if any):



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## EMPLOYMENT AND EDUCATION

Where are you currently employed?

What is your position?

Full time

Part time

How satisfied are you with your current job?

Very  
Unsatisfied

Moderately  
Very unsatisfied

Minimally

What is your highest level of education?

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## SOCIAL

Marital Status

Dating

Married

Divorced

Separated

Never Married

Widowed

How satisfied are you with your relationship?

Very  
Unsatisfied

Moderately  
Very unsatisfied

Minimally

Please list the names and ages of your children (if any).

Family stressors (check all that apply)

Marital conflict

Physical illness/medical problems

Frequent moves

Parent/child conflicts

Domestic violence

Sexual/physical abuse

Unemployment

Financial concerns

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## FAMILY HISTORY

Have any of patient's family members been diagnosed with any medical conditions? If yes, please explain.

Have any of patient's family members been diagnosed with any mental health conditions? If yes, please explain.

Recent or significant deaths in the family?

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## **HISTORY OF TRAUMA**

Please describe any history of trauma (i.e. child abuse, exposure to violence, witnessing a crime, etc.)

Please list any significant losses in the patient's life. (Death of family members, pets, friends, etc.)

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## **STRENGTHS AND SUPPORTS**

What are patient's strengths?

What supports are available to patient? (i.e. community group, church, family friends, etc.)

What are some activities and things of interest to patient? (i.e. activities, hobbies, community events, etc.)

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Any additional information that will assist in further assessing and treating patient?

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*Upon completion of this form, please return it to therapist at your next appointment or by mail, email, or fax.  
Please be aware that any information sent via email or fax is not guaranteed to be completely safe and may be at risk. If  
responding to an encrypted email sent by therapist, information and messages may be safer than without encryption, but are still  
not 100% protected.*

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