DOUGLAS O. JONES, MD
Child, Adolescent & Adult Psychiatry
5040 SW 28th, Suite B
Topeka, KS 66614
(785) 273-6200

PATIENT INFORMATION

Date:

Last Name: **First Name:** **MI:**

Street Address:

City: **State:** **Zip:**

Home Phone: **Work Phone:** **Cell Phone:**

Social Security #: **Date of Birth:** **Age:**

Emergency Contact Name:

Telephone #:

How did you find Dr. Jones?

What issues would you like to discuss?

Medication Allergies:

Who is your primary care physician?

What medical issues is your doctor currently treating?

Current Therapist:

What psychiatric medications are currently being used?

Medication	Dose	Frequency

Date:

Last Name: **First Name:** **MI:**

What psychiatric medications have been used in the past?

Have there been any psychiatric hospitalizations?

Which family members have been in therapy?

What extracurricular activities are there (sports, clubs, hobbies)?

What are your feelings about therapy?

What are your feelings about medications?

Please check any of the following issues that currently pertain to you:

- ☐ Depressed Mood
- ☐ Excessive Worry
- ☐ Irritability
- ☐ Panic Attacks
- ☐ Obsessions
- ☐ Hard to Enjoy Things
- ☐ Trouble Concentrating
- ☐ Thoughts of Suicide
- ☐ History of Attempts to Hurt Yourself
- ☐ Thoughts of Harming Others
- ☐ Violence Towards Others
- ☐ Insomnia
- ☐ Waking at Night
- ☐ Hard to Socialize
- ☐ Fatigue
- ☐ Loss of Appetite
- ☐ Binge Eating
- ☐ Weight Gain
- ☐ Drinking Problems
- ☐ Drug Use