Bright Side Psychiatry

Jessica Halpern, MD
Specializing in Children, Adolescents & Women
608 Sherwood Parkway, Suite 106
Mountainside, New Jersey 07092
T 908.379.8258 F 888.517.4388
jhalpern@brightsidepsychiatry.com

PATIENT DEMOGRAPHICS AND INTAKE FORM

Patient Information:

Name: _____ DOB: _____ Sex: _____

Street Address/Apt#: _____

City, State & Zip Code: _____

Contact Number: _____

Emergency Contact Name: _____ Relation: _____

Phone Number: _____

Medical History:

Diagnoses: _____

_____

If applicable: Are your menstrual cycles regular? ☐ yes ☐ no

Past Surgeries: _____

Allergies: _____

Current Medications: _____

_____

Primary Physician's Name: _____ Phone number: _____

Other provider: _____ Specialty: _____

Other provider: _____ Specialty: _____

Other provider: _____ Specialty: _____

Other provider: _____ Specialty: _____

Psychiatric History:

Current Psychiatrist: _____ Phone number: _____

Reason for leaving: _____

Current Therapist: _____ Phone Number: _____

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Family Psychiatric History:

☐ Not Applicable

Diagnosis: _____ Relation: _____

Diagnosis: _____ Relation: _____

Diagnosis: _____ Relation: _____

Diagnosis: _____ Relation: _____

Diagnosis: _____ Relation: _____

Educational History:

Highest grade completed: _____ ☐ regular ☐ special education

Substance Use:

Check all that apply: ☐ tobacco ☐ alcohol ☐ cannabis

☐ illegal drugs (Please specify: _____)

Have you ever been admitted to a detox or rehab facility: ☐ yes (how many times? _____) ☐ no

Social History:

People living in the home with you:

_____ Relation: _____ Age: _____

_____ Relation: _____ Age: _____

_____ Relation: _____ Age: _____

_____ Relation: _____ Age: _____

_____ Relation: _____ Age: _____

_____ Relation: _____ Age: _____

_____ Relation: _____ Age: _____

Are there firearms in your home: ☐ yes ☐ no