

Treatment Update.

48 hour notice is required for missed/cancelled appointments; Door Code = 1776*

In the past week, about how many days did you feel well? ____

In the past week, what is the most ____ and least ____ you slept in a 24-hr period?

Please rate your mood symptoms for *the past week...*

	None	Mild (infrequent or rarely causing a problem)		Moderate (often or causing some problems)		Severe (constant or causing many problems)	
Depression, including lack of pleasure/motivation	0	1	2	3	4	5	6
Inactive, withdrawing or not doing much	0	1	2	3	4	5	6
Trouble making decisions, concentrating, planning or organizing	0	1	2	3	4	5	6
Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3	4	5	6
Anxiety, fear, or nervousness	0	1	2	3	4	5	6
Irritability (circle if you were <i>verbally</i> or <i>physically</i> aggressive)	0	1	2	3	4	5	6
Hyperactive or doing a lot	0	1	2	3	4	5	6
Feeling so good or hyper that it was noticeable to others	0	1	2	3	4	5	6
Feeling impulsive or doing risky things or things you might regret	0	1	2	3	4	5	6
Rapid thoughts that move so fast it's hard to follow them	0	1	2	3	4	5	6
Difficulty sustaining attention, such as reading, lectures, conversation, TV	0	1	2	3	4	5	6
Procrastinating or avoiding tasks	0	1	2	3	4	5	6
Misplacing things or having trouble finding them	0	1	2	3	4	5	6

Caffeine ____ cups/day. Nicotine ____ pack/day. Alcohol: ____ drinks/day. Other drug use since last visit: _____

Circle if you experienced any of the following since last visit: Panic attack / Hearing voices or seeing things

Binging or purging food / New health problems / Changes to your non-psychiatric meds or treatments

Circle or enter any physical symptoms you have had in the past week:

Current Weight:

tremor / feeling unusually hot or cold / nausea / constipation / diarrhea / fainting or falling / uncoordinated / muscle weakness / flu-like feelings / headache / sexual difficulties / dizziness / fatigue / insomnia / visual changes / vivid dreams / easily sunburned / acne / heart palpitations / paranoid feelings / low appetite / dry mouth / dry eyes / excess thirst / frequent urination / hair loss / taste changes / excess salivation / memory problems / stomach pain / double vision / unusual bleeding / unusual bruising / difficulty walking / unusual bruising / rash / sleep-walking / snoring / flushing or redness in skin / teeth grinding or jaw tension / sweating / muscle twitching / hearing voices or seeing things / paranoid sensations / appetite loss / muscle twitching

List your psychiatric medications below, including the dosage, and how often you take them each day: