ONE-TIME PSYCHIATRIC ASSESSMENT CLINIC (1PAC)
PATIENT QUESTIONNAIRE

To be completed in your doctor's office and sent with referral package. You may also fill out form at home, particularly if you don't have all the information available. In this case, please return to your doctor as an appointment cannot be booked until received.

Completing this form will help us understand your needs and allow us to serve you better!

Our goal is to help your family doctor understand what you are going through and what can be done to make things better for you. We are not able to provide you with ongoing psychiatric care through this program.

Date:_______________________________

Name:____

LAST *GIVEN* *MIDDLE*

Birth Date: (DD/MM/YY)_______________ **Gender (please circle):** MALE FEMALE TRANSGENDER

Best contact number:_______________ **Can we leave a message (please circle)?** YES NO

Relationship Status:____

What type of place do you live in?____

Who do you live with?____

Current Work/School:____

Other financial support:____

Current problems that you want help with:

____

____

____

____

Current stressors in your life:

____

____

____

____

Medications/supplements you take now:

____

____

____

____

Medications you have tried in the past:

____

____

____

____

Interior Health

Current Professional and Personal Support:

____
____
____
____

Previous counselling/Psychiatrists:

____
____
____
____

Admissions to hospital for emotional/mental health reasons:

____
____

Are you, or have you been in an alcohol/drug treatment program? Which?

____
____
____
____

Have you been charged, convicted, on probation/parole, or in jail? If so, what for?

____
____

Medical illnesses/surgeries/injuries:

____
____
____
____

Where were you born?__________________ **Where did you grow up?**________________________________

Tell us about your: (for example, name, age, occupation, health, personality)

Mother:____
____

Father:____
____

Siblings:____
____
____

Children:

Partner:

Describe your schooling:

What jobs have you done?

What are your hobbies and recreational activities?

What are your expectations from us?

To be filled out after interview
Have we met them? If not, what was disappointing?