Malika Burman, M.D.

Holistic Psychiatry

12736 SW 55th place, Portland, OR 97219

Date:_____

Patient:_____ Age:_____

Date of Birth:_____ Social Security #_____

Residence Address:_____

Telephone(s):_____

Employer:_____

Work Address:_____

Work Phone:_____

Referred by:_____ Email:_____

With whom do you live?_____

Occupation:_____ Hobbies:_____

Past types of work:_____

Highest level of formal education:_____

Family history: (circle and indicate who, if any family members have had any of the following)

Depression
Anxiety
Drug or Alcohol problems
Bipolar Disorder
Suicide attempts
Schizophrenia
Neurologic disorders
Thyroid disease
High Blood Pressure
Hormone imbalances

Epilepsy
Diabetes
Stroke

Do you smoke?_____ If yes, how much?_____

Do you drink Alcohol?_____ If yes how much/how often_____

Do you drink coffee or caffeine?_____ If yes how much?_____

Do you do any routine exercise?_____

Approximate date of your last physical?_____

Name of Primary Doctor and phone number_____

Allergies?_____

Major Medical Problems?

Current Weight:_____ Has your weight changed recently?_____

Current
Medications:_____

Women:
Having menstrual periods?_____ Last pap smear:_____

Do you take birth control pills?_____ HRT?_____

Number of pregnancies?_____ miscarriages?_____

Complications?_____

Psychiatric symptom checklist (please describe):

feeling depressed
feel very guilty
feel worthless
have suicidal feelings
difficulty sleeping
loss of interest in usual activities
feel slowed down
feel anxious
change in appetite
lack of energy
lost sexual interest
headaches
muscle tension
have special rituals and behaviors that I must perform
recurrent thoughts
intrusive and disturbing thoughts
chest pain
dizziness
sweating
palpitations
urinary frequency
constipation/diarrhea
physical numbness
problems related to drinking
problems related to street drugs
increasing forgetfulness
hearing voices
people are out to get me
people talk about me
there is a plot against me
wanting to hurt someone else
cannot focus
mood swings
mood changes for no reason
panic attacks
fear of death 3
worrying

difficulty leaving home
shyness
difficulty being around people
nightmares
flashback of past incidents
seeing into future
disorganization
procrastination
always running late
chronic pain
menstrual irregularities
planning pregnancy
difficulty getting along with others
problems at workplace
problems with gambling
many relationship problems
not sure who I am
difficulty with anger management
taking too many risks
hoarding things
often missing shower or bath
problems with medication side effects
unable to work

Emergency Contact:_____

Phone #_____