

*Linda Kellams-Keith, ARNP*  
PSYCHIATRIC SERVICES OF OLYMPIA

Thank you for choosing our office for your mental health care. If you would complete the enclosed paperwork before your appointment and drop it by or mail it to our office it would be helpful.

1. How did you hear about our practice?
2. What problems and/or symptoms are you hoping to address?
3. What are your current significant stressors?
4. Have medications for mental health issues been prescribed for you in the past? If so, tell us as best you can the name of the medication or medications, who prescribed them, if they worked, and if you had side effects.

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5. Are you currently taking medication for psychiatric symptoms? If you are, what medications are you taking and how long have you been taking them, and, most importantly, are they working?
6. Are you currently taking medication for any physical problem? If so, what are the medication(s), dosage(s) and how prescribed them?
7. Have you experienced problems with drugs or alcohol? Have you participated in treatment of any kind?
8. Have you ever been hospitalized for psychiatric problems? If so, where, when, and was it helpful?

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9. Have you ever attempted suicide or tried to harm yourself in some way?

10. you have legal problems of any kind currently? If so, what are they?

11. Do you have a primary care doctor or are you receiving care from other medical specialists?

12. Is there anything else we should know about you to better serve your needs?

PLEASE BRING THE MEDICATION BOTTLES FOR ANY MEDICATIONS YOU ARE CURRENTLY TAKING TO YOUR FIRST APPOINTMENT.

THANK YOU.