



Lloyd C. Alcera, MD
Psychiatrist

Edelquinne A. Jacildo, APN
Psychiatric Nurse Practitioner

Natalie C. Eisenhower, APN
Psychiatric Nurse Practitioner

John C. Devine, APN
Psychiatric Nurse Practitioner

Patient Background Information

Patient Name: _____ Date of Birth: _____ Marital Status _____

Sex _____ Gender: _____ Preferred Pronouns: _____ LGBTQI _____

Ethnicity: _____ Highest Education: _____ Living Environment: _____

Religion: _____ Profession: _____ Employment Status: _____

Is the intention of this psychiatric evaluation for workers compensation, medical leave, etc.? _____

Legal/Criminal history (arrested, probation, parole, incarceration, etc.): _____

Is the intention of this psychiatric evaluation for legal purposes? If yes, please explain. _____

Seeking a psychiatric evaluation for treatment of my _____

Any previous psychiatric inpatient hospitalizations? _____

Any previous emergency room/crisis assessments for psychiatric symptoms? _____

Any current/previous residential or Intensive Outpatient (IOP) treatment? _____

Any current/previous substance abuse treatment? _____

Any current/previous psychiatric outpatient (OP) treatment? _____

Any current/previous psychiatric diagnosis(es)? _____

Any current/previous prescribed psychiatric medications? _____

Any chronic medical conditions? _____

Any other medication(s) prescribed to you? _____

Any personal history of developmental delays? (Infancy, Childhood, Adolescent): _____

Any personal history of physical, sexual, or emotional trauma? _____

Any family history of psychiatric or substance abuse disorders? _____

Any additional information: _____

