Oceanic Psych Wellness PLLC
1525 S Willow St., Unit 17, Manchester, NH 03103
Phone: 603-836-0488 Ext 101, Fax: 603-782-4360

Initial Eval Intake Form

Please complete the form to the best of your ability, the provider will save time to help complete outstanding questions.

DOB:

Age:

Sex:

PCP: –

Contact Number

Email Address:

Chief Complaint:

PSYCHIATRIC HISTORY

Psychiatric Hospitalizations: Denies

Previous Counseling:

Medication Trials: denies

History SI/HI/SIB:

Trauma/Abuse:

Access to weapons:

MEDICAL HISTORY:

Insurance carrier name:

Insurance Carrier Number:

Oceanic Psych Wellness PLLC
1525 S Willow St., Unit 17, Manchester, NH 03103
Phone: 603-836-0488 Ext 101, Fax: 603-782-4360

Medical Conditions:

Drug Allergies:

Other medical meds

REVIEW OF SYSTEMS:

General:

Height:

Weight:

BMI:

BP:

Pulse:

PSYCHOSOCIAL HISTORY:

Where were you born:

Siblings:

Housing:

Education:

Marital Status:

Children:

Employment:

Sexual Orientation:

Oceanic Psych Wellness PLLC
1525 S Willow St., Unit 17, Manchester, NH 03103
Phone: 603-836-0488 Ext 101, Fax: 603-782-4360

Religion:

Military: Denies

Support:

Legal:

History of Violence/ Incarceration (if applicable).

SUBSTANCE USE HISTORY:

Alcohol:

Marijuana: Denies use

Other:

Tobacco: denies

Caffeine:

Previous Treatment:

FAMILY HISTORY:

Medical:

Psychiatric:

Substance Use:

CURRENT MEDICATION:

PSYCHIATRIC REVIEW OF SYSTEMS:

Oceanic Psych Wellness PLLC
1525 S Willow St., Unit 17, Manchester, NH 03103
Phone: 603-836-0488 Ext 101, Fax: 603-782-4360

Depression:

Anxiety:

Appetite:

Sleep:

Additional Information