

JANET LEE, MD, JD
5300 DORSEY HALL DRIVE, SUITE 203
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(443) 842-2173 (p) • (844) 538-1694 (f)
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NEW PATIENT QUESTIONNAIRE

Please answer the questions below, which will help to ensure that Dr. Lee is able to address your concerns at your new patient appointment. You may attach additional pages if you need extra space; you may also skip any questions that you would rather not answer. Please email or fax the completed questionnaire to Dr. Lee, or bring it with you to your first appointment.

1) Please describe the symptoms or concerns that bring you to see Dr. Lee.

2) Please describe the history of your symptoms, such as when they first began and if they got better.

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3) Please list treatments you have received for these symptoms, including both medications and therapy, if applicable. For medications, please provide the name, dosage, and duration of treatment, if possible, as well as if the medications were helpful and if you experienced any side effects.

4) Please list your current psychiatrist and/or therapist, if applicable.

5) Have you had any inpatient psychiatric treatment? If so, please list the hospital and dates (which need not be exact).

6) Who is your primary care physician?

7) Do you have any family members with psychiatric illness or issues with alcohol or drugs? If family members have psychiatric illness, please list any medications that have been particularly helpful to them.

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8) Were there any complications during your mother's pregnancy with you, or any birth complications?

9) Did you have any health or developmental problems as a young child, such as delays in walking or talking?

10) What is the highest level of education that you have received? What school did you attend? How did you do in school?

11) If you are employed outside the home, what is your current occupation?

12) Are you married or single? If you are single, are you currently in a relationship?

13) Where do you live? Who do you live with?

14) How would your friends and family describe your personality?

15) Have you had any trouble with the law, such as arrests or time in prison?

16) Do you drink alcohol? How often?

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17) Do you use marijuana or other drugs? How often?

18) Please list your medical illnesses and any prior surgeries or medical treatments that you have had.

19) Please list all current home medications, including dosages. Please include supplements and over-the-counter medications.

20) Please list any allergies or intolerances to medication.

21) What are your goals for treatment with Dr. Lee?

Name (Printed/Typed)

Date

Signature