



Wiregrass Behavioral Group LLC

256 Honeysuckle Rd, Ste 12

Dothan, AL 36305

Phone: (334) 792-6736

Fax: (334) 792-6737

www.WireBG.com

Leona Graham, MD

William Elkington, MD

Ruthanne Wilkes, MSN, FNP, PMHNP

Dallarie Jamison, MSN, FNP, PMHNP

Alexia Powell, MSN, FNP, PMHNP

Terry Bradley, MS, LPC

Penelope McDonald, MS, LPC

Fran Espey, MS, LPC

Stephanie Epding, MS, ALC

DATE OF APPOINTMENT: _____

NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED PH # TO RECEIVE APPOINTMENT REMINDER BY TEXT OR VOICE MAIL:

CELL PHONE: _____

HOME PHONE: _____

EMAIL: _____

WHO REFERRED YOU: _____

REASON FOR APPOINTMENT: _____

POLICY HOLDER/INSURANCE/ INFORMATION

INSURED NAME: _____ INSURED DOB: _____

INSURED EMPLOYER: _____

INSURED CARRIER: _____

INSURANCE POLICY / IDENTIFICATION NUMBER: _____

GROUP NUMBER: _____

PREFERRED PHARMACY: _____

EMERGENCY CONTACT: _____

*Please list anyone you would like to be able to receive information about your care such as appointments, medications (refills), etc. below.

Name	Relationship	Telephone Number

Patient Signature/Consent

Date

CURRENT SYMPTOMS – PLEASE CHECK ALL THAT APPLY

☐ Depression	☐ Mood swings
☐ Loss of interest	☐ Anger
☐ Crying spells	☐ Irritability
☐ Appetite or weight increase	☐ Easily frustrated
☐ Appetite or weight decrease	☐ Racing thoughts
☐ Appetite or weight unchanged	☐ Restlessness or pacing
☐ Decreased concentration	☐ Inflated or high self esteem
☐ Hopelessness	☐ Euphoria or happiness
☐ Helplessness	☐ Increased energy
☐ Guilty thoughts	☐ Don't need as much sleep
☐ Low self esteem	☐ Spending sprees
☐ Lowered hygiene	☐ Sexual promiscuity
☐ Isolating yourself	☐ Socializing too much
☐ Thoughts of death or dying	☐ Legal problems
☐ Thoughts of suicide or self harm	☐ Traffic problems
☐ Symptoms worse during the day	☐ Impulsive behaviors
☐ Symptoms are worse at night	☐ Easily distracted
☐ Problems falling asleep	☐ Disorganized thinking
☐ Problems staying asleep	☐ Procrastination
☐ Problems waking up too early	☐ ADHD
☐ Problems sleeping too much	☐ Interrupting others
☐ Nightmares	☐ Rude behavior
☐ Sleep talking or other behaviors	☐ Road rage
☐ Fatigue or easily becoming tired	☐ Violence toward others
☐ Loss of energy	☐ Being a victim of violence
☐ Excess worry	☐ Bulimia or Anorexia
☐ Difficulty relaxing, feeling tense	☐ Exercising too much
☐ Easily startled	☐ Worried about weight & body
☐ Anxiety or panic attacks	☐ Hearing hallucinations
☐ Obsessive thinking	☐ Seeing hallucinations
☐ Germophobia	☐ Feeling hallucinations
☐ Perfectionistic tendencies	☐ Smelling hallucinations
☐ Social anxiety	☐ Feeling scared
☐ Performance anxiety	☐ Feeling someone is after you
☐ Compulsive behaviors	
☐ Rechecking what you did	
☐ Rituals	
☐ Other :	

CURRENT SYMPTOMS: CONTINUED

QUESTION	DETAILS
HOW LONG HAVE THE CURRENT SYMPTOMS BEEN GOING ON	
HAS ANYTHING HELPED IMPROVE YOUR SYMPTOMS	
HAS ANYTHING MADE YOUR SYMPTOMS WORSE	
WHAT ARE YOUR CURRENT STRESSORS	
HAVE THERE BEEN ANY RECENT CHANGES TO YOUR PHYSICAL HEALTH	
DESCRIBE ANY RECENT PHYSICAL HEALTH SYMPTOMS	
HAVE THERE BEEN ANY RECENT CHANGES TO YOUR MEDICATIONS	

PAST MEDICAL HISTORY:

ALLERGY	DETAILS ABOUT ALLERGY
MEDICATION ALLERGIES	
ENVIRONMENTAL ALLERGIES	
FOOD ALLERGIES	
OB/GYN HISTORY	DETAILS
AGE AT 1ST MENSES	
CYCLE LENGTH	
LAST MENSTRUAL PERIOD	
NUMBER OF PREGNANCIES	
NUMBER OF MISCARRIAGES	
NUMBER OF DELIVERIES / DATES / METHOD OF DELIVERY	
PROBLEMS WITH MENSES	PAIN IRREGULAR CYCLE
PROBLEMS WITH UTERUS	FIBROIDS ENDOMETRIOSIS CYSTS PROLAPSE BLEEDING
SEXUAL PROBLEMS	LIBIDO ORGASM PAIN SPASMS
MENOPAUSE	
CURRENT CONTRACEPTION	

CHRONIC MEDICAL CONDITIONS – CHECK ALL THAT APPLY**CARDIOVASCULAR SYSTEM**

- ☐ HEART DISEASE
☐ CORONARY ARTERY DISEASE
☐ CARDIOMYOPATHY
☐ ENDOCARDITIS / MYOCARDITIS
☐ HEART FAILURE
☐ HIGH BLOOD PRESSURE
☐ LOW BLOOD PRESSURE
☐ ANEURYSM
☐ ARRHYTHMIA / ABNORMAL BEAT
☐ HEART VALVE DISEASE
☐ STROKE
☐ MINI-STROKE / TIA
☐ CONGENITAL HEART DISEASE
☐ HIGH CHOLESTEROL
☐ VASCULITIS

RESPIRATORY SYSTEM

- ☐ ASTHMA
☐ CHRONIC BRONCHITIS
☐ COPD
☐ EMPHYSEMA
☐ PULMONARY EMBOLISM

GASTROINTESTINAL SYSTEM

- ☐ MOUTH SORES
☐ ESOPHAGUS DIFFICULTIES
☐ HEARTBURN / INDIGESTION
☐ GERD
☐ STOMACH ULCER
☐ GALLSTONES
☐ LIVER DISEASE OR CIRRHOSIS
☐ HEPATITIS
☐ PANCREATITIS
☐ MALABSORPTION
☐ CROHNS DISEASE
☐ CELIAC DISEASE
☐ IRRITABLE BOWEL DISEASE
☐ CHRONIC CONSTIPATION
☐ ANAL FISSURES
☐ HEMORRHOIDS

BLOOD PROBLEMS OR CANCERS

- ☐ ANEMIA
☐ LOW IRON
☐ LOW VITAMIN B12 OR FOLATE
☐ BLEEDING OR CLOTTING PROBLEMS
☐ SICKLE CELL DISEASE
☐ THALASSEMIA
☐ HODGKINS DISEASE
☐ LYMPHOMA
☐ MYELOMA
☐ HEMOCHROMATOSIS
☐ MONONUCLEOSIS
☐ HIV / AIDS

MUSCULOSKELETAL

- ☐ ARTHRITIS
☐ RHEUMATOID ARTHRITIS
☐ BRUXISM / TEETH GRINDING

ENDOCRINE DISORDERS

- ☐ HYPOTHYROIDISM
☐ HYPERTHYROIDISM
☐ DIABETES MELLITUS
☐ PARATHYROID PROBLEMS

NEUROLOGICAL SYSTEM

- ☐ HEAD TRAUMA
☐ HEAD TRAUMA WITH LOSS OF CONSCIOUSNESS
☐ AUTISM / SPECTRUM DISORDER
☐ BELL'S PALSYP
☐ BRAIN DAMAGE / HEAD INJURY
☐ NEUROPATHY
☐ VASCULITIS
☐ MYOPATHY
☐ STROKE / TIA
☐ MULTIPLE SCLEROSIS
☐ MYASTHENIA GRAVIS
☐ DEMENTIA
☐ SEIZURE DISORDER
☐ TREMOR
☐ MENIERE'S DISEASE
☐ MIGRAINE
☐ NARCOLEPSY
☐ TIC DISORDER / TOURETTES
☐ PARKINSONS DISEASE
☐ HUNTINGTON'S DISEASE
☐ RESTLESS LEG SYNDROME
☐ TRIGEMINAL NEURALGIA
☐ LUPUS
☐ MENINGITIS
☐ FAINTING SPELLS / SYNCOPE
☐ LYME DISEASE
☐ PSEUDOTUMOR CEREBRI
☐ FIBROMYALGIA
☐ CHRONIC FATIGUE SYNDROME
☐ CHRONIC PAIN DISORDER

UROGENITAL SYSTEM

- ☐ KIDNEY DISEASE
☐ KIDNEY STONES OR CYSTS
☐ PROLAPSED / FALLEN BLADDER
☐ URINARY INCONTINENCE
☐ URINARY TRACT INFECTIONS
☐ INTERSTITIAL CYSTITIS
☐ BENIGN PROSTATIC HYPERTROPHY
☐ PENILE DISEASE
☐ TESTICULAR DISEASE
☐ ERECTILE DYSFUNCTION
☐ LOW TESTOSTERONE
☐ URETHRAL DISCHARGE
☐ INFERTILITY
☐ SEXUALLY TRANSMITTED DISEASES
☐ PELVIC INFLAMMATORY DISEASE
☐ PAIN WITH INTERCOURSE
☐ VAGINAL SPASMS

OTHER MEDICAL

PROBLEMS: _____

SURGICAL HISTORY:

DATE OF SURGERY	TYPE OF SURGERY

FAMILY HISTORY: PLEASE INCLUDE PHYSICAL & MENTAL HEALTH & ADDICTION PROBLEMS

MOTHER	
FATHER	
SIBLINGS	
CHILDREN	
AUNTS/UNCLES	
COUSINS	
GRANDPARENTS	

CURRENT MEDICATIONS:

ALLERGIES: _____

[illegible]

PAST PSYCHIATRIC HISTORY: ANSWER YES/NO AND INCLUDE DETAILS PLEASE

QUESTION	DETAILS – DATES, LOCATIONS, TIMELINE
ANY PRIOR INPATIENT PSYCHIATRIC HOSPITALIZATIONS	
ANY PRIOR SUICIDE ATTEMPTS	
ANY PRIOR SELF INJURIOUS BEHAVIOR (LIKE CUTTING/BURNING)	
CURRENT OR PAST PSYCHIATRIST	
CURRENT OR PAST THERAPIST	
ANY PRIOR DIAGNOSES	
PRIOR HISTORY OF DEPRESSION SYMPTOMS	
PRIOR HISTORY OF MANIC-DEPRESSION OR BIPOLAR EPISODES OR SYMPTOMS	
PRIOR HISTORY OF ANXIETY : GENERALIZED WORRY, PANIC ATTACKS, OCD, PHOBIA, PTSD, SOCIAL ANXIETY	
PRIOR HISTORY OF EATING DISORDER	
PRIOR HISTORY OF HALLUCINATIONS	
PRIOR HISTORY OF PARANOIA OR UNUSUAL THOUGHTS	
PRIOR HISTORY OF SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDER	
PRIOR HISTORY OF ADHD OR LEARNING PROBLEMS, OR AUTISTIC SPECTRUM	
PRIOR HISTORY OF ELECTROCONVULSIVE THERAPY	
OTHER IMPORTANT INFORMATION ABOUT YOUR PAST HISTORY OF SYMPTOMS OR TREATMENT	

PAST MEDICATIONS YOU HAVE TRIED: CHECK ALL THAT APPLY

MEDICATION NAME (BRAND / GENERIC)			MEDICATION NAME (BRAND / GENERIC)	
	PAXIL	PAROXETINE		STRATTERA
	PROZAC	FLUOXETINE		ATOMOXETINE
	LUVOX	FLUVOXAMINE		RITALIN
	CELEXA	CITALOPRAM		METHYLPHENIDATE
	LEXAPRO	ESCITALOPRAM		CONCERTA
	ZOLOFT	SERTRALINE		METHYLPHENIDATE
	BRINTILLIX	VORTIOXETINE		QUILLIVANT
	EFFEXOR	VENLAFAXINE		METHYLPHENIDATE
	CYMBALTA	DULOXETINE		METADATE
	PRISTIQ	DESVENLAFAXINE		METHYLIN
	FETZIMA	LEVOMILNACIPRAN		METHYLPHENIDATE
	WELLBUTRIN	BUPROPION		FOCALIN
	REMERON	MIRTAZEPINE		DEXMETHYLPHENIDATE
	SERZONE	NEFAZODONE		DAYTRANA PATCH
	PARNATE	TRANLYCYPROMINE		METHYLPHENIDATE
	NARDIL	PHENELZINE		ADDERALL
	ANAFRANIL	CLOMIPRAMINE		DEXEDRINE
	ELAVIL	AMITRIPTYLINE		DEXEDRINE
	NORPRAMIN	DESIPRAMINE		VYVANSE
	PAMELOR	NORTRIPTYLINE		LISDEXAMFETAMINE
	SINEQUAN	DOXEPIN		CATAPRES
	SURMONTIL	TRIMIPRAMINE		CLONIDINE
	BUSPAR	BUSPIRONE		TENEX
	NEURONTIN	GABAPENTIN		GUANFACINE
	VISTARIL	HYDROXYZINE		CYLERT
	INDERAL	PROPRANOLOL		PEMOLINE
	XANAX	ALPRAZOLAM		PROVIGIL
	ATIVAN	LORAZEPAM		MODAFINIL
	VALIUM	DIAZEPAM		NUVIGIL
	KLONOPIN	CLONAZEPAM		ARMODAFINIL
	RESTORIL	TEMAZEPAM		ARICEPT
	LIBRIUM	CHLORDIAZEPOXIDE		DONEPEZIL
	SERAX	OXAZEPAM		REMINYL
	TOPAMAX	TOPIRAMATE		GALATAMINE
	DEPAKOTE	VALPROIC ACID		EXELON
	LAMICTAL	LAMOTRIGINE		RIVASTIGMINE
	TEGRETOL	CARBAMAZEPINE		NAMENDA
	TRILEPTAL	OXCARBAZEPINE		MEMANTINE
	ESKALITH	LITHIUM		COGENTIN
	GABITRIL	TIAGABINE		ARTANE
	KEPPRA	LEVETIRACETAM		TRIHEXYPHENIDYL
	MELATONIN	MELATONIN		REQUIP
	ROZEREM	RAMELTEON		ROPINIROLE
	BENADRYL	DIPHENHYDRAMINE		MIRAPEX
	DESYREL	TRAZODONE		PRAMIPEXOLE
	AMBIEN	ZOLPIDEM		NEUPRO
	LUNESTA	ZOPICLONE		ROTIGOTINE
	SONATA	ZAPELON		SYMMETREL
	ANTABUSE	DISULFIRAM		AMANTADINE
				ELDEPRYL
				SELEGILINE
				COMTAN
				ENTACAPONE
				SINEMET
				LEVODOPA/CARBIDOPA
				ABILIFY
				ARIPIRAZOLE / ABILIFY MAINTENNA
				FANAPT
				ILOPERIDONE
				INVEGA
				PALIPERIDONE / INVEGA SUSTENNA
				LATUDA
				LURASIDONE
				RISPERDAL
				RISPERIDONE / RISPERDAL CONSTA
				SAPHRIS
				ASENAPINE
				SEROQUEL
				QUETIAPINE
				ZYPREXA
				OLANZAPINE / ZYPREXA RELPREVV
				CLOZARIL
				CLOZAPINE
				HALDOL
				HALOPERIDOL / HALDOL DECANOATE
				PROLIXIN
				FLUPHENAZINE / PROLIXIN DECANOATE
				TRILAFON
				PERPHENAZINE
				THORAZINE
				CHLORPROMAZINE
				MELLARIL
				THIORIDAZINE
				LOXITANE
				LOXAPINE
				STELAZINE
				TRIFLUOPERAZINE
				REVIA OR VIVITROL
				NALTREXONE OR NALTREXONE INJECTION
				SUBOXONE
				BUPRENORPHINE/NALOXONE
				SUBUTEX
				BUPRENORPHINE
				ZUBSOLV
				BUPRENORPHINE
				METHADOSE
				METHADONE

DEVELOPMENTAL & SOCIAL HISTORY:

HISTORY	DETAILS
WHERE WERE YOU BORN	
ANY COMPLICATIONS WITH PREGNANCY OR DELIVERY WHEN YOU WERE BORN	
WERE YOUR PARENTS MARRIED AT THE TIME OF YOUR BIRTH	
DID THEY STAY MARRIED, OR GET DIVORCED (HOW OLD WERE YOU AT THAT TIME)	
WHAT WERE YOUR PARENTS OCCUPATION	
DO YOU HAVE ANY SIBLINGS (AND THEIR AGE & OCCUPATION)	
WERE YOU THE VICTIM OF PHYSICAL, SEXUAL, OR EMOTIONAL ABUSE AS A CHILD	
HOW WOULD YOU DESCRIBE YOUR CHILDHOOD OVERALL	
HOW DID YOU DO ACADEMICALLY IN SCHOOL (LEARNING PROBLEMS, GPA, HONOR SOCIETY)	
WHAT EXTRACURRICULAR ACTIVITIES DID YOU PARTICIPATE IN (IF ANY)	
WHAT IS THE LAST GRADE COMPLETED, OR YEAR OF HIGH SCHOOL GRADUATION	
WHAT DID YOU DO AFTER FINISHING HIGH SCHOOL	
DID YOU ATTEND ANY COLLEGE OR OBTAIN FURTHER DEGREES	
WHAT JOBS HAVE YOU HAD, HOW MANY, WHAT KINDS, WHAT IS THE LONGEST TIME AT A JOB	
HAVE YOU EVER HAD ANY PROBLEMS AT WORK, OR BEEN FIRED	
WHAT IS YOUR SEXUAL ORIENTATION	
DESCRIBE YOUR MARRIAGES OR SIGNIFICANT ROMANTIC RELATIONSHIPS, DIVORCES	
WHAT DOES YOUR SPOUSE / SIGNIFICANT OTHER DO FOR A LIVING	
DO YOU HAVE ANY CHILDREN, AGES, WHAT THEY ARE LIKE	
WHO DO YOU TURN TO FOR SUPPORT	
WHO LIVES AT HOME WITH YOU	
ARE YOU RELIGIOUS	
HAVE YOU EVER BEEN IN THE MILITARY	
DO YOU OWN ANY WEAPONS, HOW ARE THEY STORED	
HAVE YOU EVER HAD ANY LEGAL PROBLEMS (SPEEDING, BANKRUPTCY, DV, ASSAULT, ETC)	
HOW WOULD YOU DESCRIBE YOUR PERSONAL STRENGTHS AND PERSONALITY	
IS THERE ANYTHING ABOUT YOURSELF THAT YOU WANT TO IMPROVE	

SUBSTANCE USE HISTORY:

SUBSTANCE	AGE AT 1ST USE	FREQUENCY, AMOUNT USED	ANY PROBLEMS WITH USING THIS SUBSTANCE
CAFFIENE			
NICOTINE			
INHALANTS			
ALCOHOL			
CANNABIS			
LSD / HALLUCINOGENS			
ECSTASY			
PCP			
METHAMPHETAMINE			
HEROIN			
PRESCRIPTION PILLS			
OTHER:			
LEGAL PROBLEMS DUE TO ALCOHOL/DRUGS:			
ANY HISTORY OF REHAB TREATMENT:			

WHAT ARE YOUR GOALS OF TREATMENT:

--

Signature below is acknowledgement that you have received the Notice of Privacy Practices & Office Policies**OUR DUTIES**

- **Notice Changes** - We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you and any PHI we receive in the future. Current copies of this notice will be available at registration locations. The current Notice will also be posted at our website. The effective date of the notice will be posted on the first page.
- **Cell Phone/Email Mail** - We ask you not to use your cell phone or email in contacting our healthcare providers, personally. Cell Phone and Emails sent to and from you are not secure and could be read by a third-party.
- **Complaints** - If you believe your privacy rights have been violated, then you have the right to submit a complaint to us. Any complaints shall be made in writing or by telephone to Wiregrass Behavioral Group, 256 Honeysuckle Rd. Ste 12 Dothan, AL 36305. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against or penalized in any way for filing a complaint. You may also file a written complaint with the secretary of the US Department of Health and Human Services, 200 Independence Ave. S W, Washington DC, 20201, or call toll-free 877-696-6775, by email to OCRComplaint@hhs.gov or to Region V, Office for Civil Rights, US Department of Health and Human Services, 233 North Michigan Ave, Suite 240, Chicago, IL 60601, voice phone 312-886-2359, fax 312-886-1807, or TDD 312-353-5693.

Client / Legal Guardian Printed Name_____
Signature_____
Date_____
Witness – Printed Name_____
Signature_____
Date**Client's Consent for Communications**

Please initial below, with your selection:

I **consent** to my cell phone, home phone or email being used for communications from Wiregrass Behavioral Group, LLC (that are non-clinical and non-urgent only)_____
I **do NOT consent** to my cell phone, home phone or email being used for communications from Wiregrass Behavioral Group, LLC**Client's Understanding**

- ☐ I have read and understood the office policies and agree to abide by the rules listed therein
- ☐ I agree to be an active participant in my mental health recovery
- ☐ I have received a copy of the Office Policies
- ☐ I have received a copy of the Privacy Practices

Client / Legal Guardian Printed Name_____
Signature_____
Date_____
Witness – Printed Name_____
Signature_____
Date