



Dr. Meena Gnanasekharan, MD, DABPN
American Board Certified in Child, Adolescent and Adult Psychiatry
Consultant Psychiatrist
KMC Regn. No. 92604

INTAKE FORM – ADULT

Name:

Date of Birth: Sex: Marital Status:

Address:

City, State, Zip Code:

Home Phone: Cell Phone:

Work Place: E-mail:

(Mark * next to the best number where we can reach you)

Emergency Contact Person – Name & No.:

Primary Care Doctor – name /Practice:

Phone/Fax:

Would you like a letter to be sent to your primary care physician regarding today's visit: Y / N

Referred by:

-

May I thank them? Yes No

Signature: Date:

ReACH Psychiatry & Wellness Centre

#601, 3rd Cross, Opp: St Jude Church, HMT Layout, Ganganagar, Bangalore -560032. Ph.: 23637373

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FOR TELECONSULTATION VISIT www.reachpsych.com



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PATIENT MEDICAL HISTORY

Past Medications	Current Medications

Hospitalisations / Surgeries	
Date	Reason

Major Medical Conditions (Diabetes, hypertension, head traumas, cardiac problems, asthma or other breathing problems, cancer etc.)	
Condition	Length of Time

Past Psychiatric History (Mental health and chemical dependency)	

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Patient medical history (Continued)

Family Mental Health or Chemical Dependency History

Allergies: -----

Substance Abuse History

(complete for all patients 12 and over)

Substance	Amount	Duration	First use	Last Use
Caffeine				
Tobacco				
Alcohol				
Marijuana				
Opioids/Narcotics				
Amphetamines				
Cocaine				
Hallucinogens				
Others				

