



New Patient Mental Health Questionnaire

Name: _____ Date of Birth: _____

1. How did you find out about Harmony Health Medical?
2. Are you looking for medication management with a psychiatrist, or therapy with a counselor or both?
3. Have you seen a psychiatrist or therapist in the past? (If yes, When? And what was the last time you were seen?)
4. Why are you no longer seeing this provider?
5. What is/was your primary diagnosis from the last provider you saw?
6. (If no previous history) what are you wanting to come in and see our provider regarding? (Symptoms)
7. Are you taking any psychotropic medications?
8. What other medications have you taken in the past, if any?



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9. Do you feel as though these medications are helping you?

10. Why or why not? What break-through symptoms are you having?

11. Have you ever been hospitalized for mental health? (If yes; what were the circumstances)

CONTINUE HERE IF SPACE IS NEEDED