

Portland Ketamine Clinic

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Depression Questionnaire

LAST NAME : _____ FIRST NAME _____ MI _____

AGE : _____ DOB: _____

PHONE : _____ Secondary Phone : _____

EMAIL : _____

ADDRESS: _____

EMERGENCY CONTACT : _____

HOW DID YOU HEAR ABOUT OUR CLINIC: _____

CURRENT MEDICATIONS:

_____	_____
_____	_____
_____	_____

ARE YOU CURRENTLY TAKING MAOI INHIBITORS : Selegiline (Emsam)
Isocarboxazid (Marplan) Phenezine (Nardil) Tranylcypromine (Parnate) : _____

ARE YOU CURRENTLY PREGNANT, BREAST FEEDING OR PLAN ON
BECOMING PREGNANT IN THE NEAR FUTURE: _____

ALLERGIES (Medications and/or Food):

CURRENT AND PREVIOUS PSYCHIATRIC DIAGNOSIS :

_____	_____
_____	_____

PREVIOUS SURGERIES: _____

PAST MEDICAL HISTORY: _____

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HOW LONG HAVE YOU HAD DEPRESSION:_____

HAVE YOU HAD THOUGHTS OF SUICIDE:_____

HAVE YOU EVER BEEN HOSPITALIZED IN AN IN PATIENT PSYCHIATRIC UNIT:_____

WHAT MEDICATIONS HAVE HELPED YOU IN THE PAST:_____

NAME ADDRESS & PHONE OF PSYCHIATRIST/MENTAL HEALTH THERAPIST:

HAVE YOU HAD BRAIN SURGERY, TUMORS, OR BLOOD VESSEL MALFORMATIONS IN THE PAST:_____

DO YOU HAVE HIGH BLOOD PRESSURE:_____

WHAT MEDICINES DO YOU TAKE FOR HIGH BLOOD PRESSURE:

HAVE YOU EVER HAD OR CURRENTLY HAVE SEIZURES:_____

WHAT MEDICATIONS DO YOU TAKE FOR SEIZURES:_____

ARE YOU CURRENTLY TAKING NARCOTIC (OPIATE) PAIN MEDICATIONS, WHICH ONES:_____

ARE YOU CURRENTLY TAKING BENZODIAZEPINES OR MOOD STABILIZERS, WHICH ONES:_____