Dear Patient,

Mental health is important for overall health. That's why we have an integrated mental health team at our clinic.

To help us assess this critically important part of your health, please fill out the forms in this packet. Your answers will help us best support you and your family.

- **Behavioral Health Specialty Supplement** (2 pages): This form asks about your behavioral (mental) health and social history in greater detail. Though there may be some duplication with the other forms, please complete all of the information to help us evaluate your overall condition and develop a plan for your main problems and issues.

- **Initial History & Consultation form** (3 pages): This form asks about your main problems and symptoms. It gives us an overall view of your mental health history. It also includes what's called an “overall impairment scale.” This scale tells us how much you think your problems are affecting your life at home or at work.

- **Family Rating Scale** (1 page): This form asks questions about your family and your support system. It helps us understand your family's style of dealing with stress or difficult health problems.

- **Patient Health Questionnaire (PHQ-9)** (1 page): This form asks questions about your recent feelings and behaviors. Your answers help us check for signs and symptoms of depression.

- **Anxiety & Stress Disorder Symptom Rating Scale** (1 page): This form helps us check for problems related to stresses in your life.

- **Mood Disorder Questionnaire (MDQ)** (1 page): This form helps us check for signs of a possible mood problem called bipolar disorder.

- **ADHD Self-Report Scale Symptom Checklist** (1 page): This form asks you how often you have each of 18 different symptoms. Your answers help us check for possible adult attention deficit hyperactivity disorder (ADHD).

Please bring these completed forms to your next office visit. If you're unable to complete them beforehand, please come 20 minutes early so that you’ll have time to complete them before your appointment begins.

If you have any questions or concerns, please call us here at the clinic at: _____________________________

Thank you