**Johns Hopkins Clozapine Consultation Clinic**

**Patient Questionnaire**

Pre-consultation questions: These questions are designed to ensure your consultation at Hopkins addresses your concerns. Please take your time and be as detailed as possible. Skip any questions that do not apply to you, make you feel uncomfortable, or for which you do not know the answer. Please add any other information that may be of help.

It is often helpful for the patient and a family member to each answer the questions separately.

Please use additional pages as necessary.

­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list your current clinicians.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specialty type** | **Clinician Name** | **Phone Number** | **Fax Number** |
| Psychiatrist |  |  |  |
| Therapist |  |  |  |
| Primary Care Provider |  |  |  |
| Other: |  |  |  |

**In one sentence, what do you see as your most important problems or symptoms?**

**What questions do you want to be sure are addressed at the end of the consultation?**

**Please list any family members who have had psychological, psychiatric, neurological disorders, suicide attempts, or problems with drugs or alcohol use? How are you related?**

**Were there any difficulties during your mother’s pregnancy with you, or during or right after your birth?**

**Did you have any health or development problems, like delays in walking or talking, prior to starting school?**

**Where did you attend school? What was the highest grade level that you completed? How did you do in school? Did you have friends? Did you participate in activities?**

**Describe the jobs you have had.**

**Have you been married or had a long-term relationship? Do you have children? Are you currently in any kind of romantic relationship?**

**Do you currently have friends? Who are the most important people in your life currently?**

**Describe the role of religion in your life.**

**Describe any legal difficulties you have had, such as arrests, time in jail, or lawsuits. Are you facing any legal charges? Are you involved in lawsuits or other legal matters now?**

**Where do you live now? Who do you live with?**

**List any medical problems that you have, including past surgeries or head injuries.**

**List any allergies you have to medicines. List any other allergies you have.**

**Describe your past and current use of alcohol, marijuana, cocaine, opiates (including pills, fentanyl, heroin, etc), benzodiazepines, Ecstasy, LSD, or others.**

**List your medications. Provide as much detail as possible.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Medication** | **Route** | **Dosage** | **Frequency** | **Start Date** | **Stop Date** | **Side effects/Notes** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Describe your personality. What are you like when you are not very ill? How would friends or family describe you? Do you have hobbies or activities that you enjoy? What are your goals over the next few years?**

**In the past, have you ever had periods of time (days to weeks, perhaps longer) with some combination of the following: elevated mood, feeling revved up, thinking fast, talking fast, feeling on top of the world, acting impulsively, very irritable, extra energy, not needing to sleep, having big ideas, having a sense of special abilities or powers, concerns that others were focusing on you or pursuing you? If so, when, and for how long? Did you receive treatment?**

**In the past, have you had periods of time (days to weeks, perhaps longer) with some combination of the following that were different than your usual state of mind: low mood, a sense of worthlessness or guilty, lack of energy, low motivation, loss of interest in usual activities, change in sleep or appetite or weight, feeling physically poorly? If so, when, and for how long? Did you receive treatment?**

**In the past, have you had periods of time when you were concerned that others were pursuing you, doing you wrong, interfering with your mind, tracking you with electronics? Or times when your thinking became unclear, and others found it difficult to follow what you were saying?**

**Have you ever seriously considering taking your life, or made a suicide attempt? If so, please describe.**

**Describe the most recent period of illness in detail: the type of symptoms that you experience, a time line of when symptoms began and how they have changed over time, the treatments that you have received (medicines, counseling, therapy), any hospitalizations, and how you have been feeling recently.**

**It is very helpful to have a time line of any periods of illness or unusual behavior, as well as major life events, hospitalizations and other treatments, medicines, periods of substance abuse and abstinence.**