

Bipolar Disorder Clinic
Department of Psychiatry and Behavioral Sciences
 550 N. Broadway Building, Suite 308
 Baltimore, MD 21205
 Ph: 410-955-6819
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https://www.hopkinsmedicine.org/psychiatry/specialty_areas/moods/bipolar-consult-clinic.html

Patient name	Date of birth

Specialty	Provider's name	Phone	Fax
Psychiatrist			
Therapist			
Primary Care			
Other _____			
Other _____			

Have you been diagnosed with a mood disorder?

- Bipolar I disorder Major depressive disorder
- Bipolar II disorder Schizoaffective disorder
- Other bipolar disorder (e.g. cyclothymia, bipolar spectrum)
- Other _____

Have you been diagnosed with any other psychiatric conditions?

- Anxiety Attention deficit disorder
- Personality disorder (e.g. borderline) Alcohol abuse or dependence
- Drug abuse or dependence _____
- Other _____

What is the main reason you would like to be seen in the Bipolar Disorder Clinic?

How have you been doing over the last few weeks?

Medication	Dose/frequency	Medication	Dose/frequency
1)		6)	
2)		7)	
3)		8)	
4)		9)	
5)		10)	

Have you ever experienced any of the following:

- Thoughts of death or suicide _____
- Suicide attempt _____
- Aggression to others _____
- Psychiatric hospitalization for Mania _____
- Psychiatric hospitalization for Depression _____

Substance	
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No How many drinks in a typical week? _____
Do you use tobacco?	<input type="checkbox"/> Cigarettes <input type="checkbox"/> E-cigarettes/vapes <input type="checkbox"/> Other _____
Do you use marijuana?	<input type="checkbox"/> Yes <input type="checkbox"/> No How many days in a typical week? _____
Do you use other drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____

Medical illness or surgical procedure (include head injuries)	Date of diagnosis or procedure