

## Mental Health Screening Questionnaire

Due to the increased demand for psychiatric services, we have implemented a screening process to ensure you receive the appropriate services for your needs. We specialize in complementary and holistic treatment of mental health conditions. After consultation we can help a person benefit themselves of appropriate nutritional and mind-body approaches.

Do you know what the Center for Integrative Medicine is?  Yes  No

Are you open to non-medication approaches such as lifestyle changes and meditation?  Yes  No

Name:

Date:

Name of person filling out form/relationship (if not patient):

Phone #:

DOB:

Insurance:

Referral source:

Symptoms:

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### Pre-screening questions

**The Center for Integrative Medicine is not able to provide pharmaceutical medication management.**

Are you interested in nutritional supplements?  No  Yes

*Dr. Glick is our Medical Director and commonly suggests specialty testing which may point to specific supplements that may be beneficial.*

Have you ever seen a Psychiatrist:  No  Yes, if so who:

Are you currently seeing this person?  No  Yes

Have you ever seen a Therapist:  No  Yes, If yes, who:

Are you currently seeing this person?  No  Yes

Are you looking for one on one talk therapy?  No  Yes

Are you currently taking any medications:  No  Yes, please list psychiatric meds:

Have you taken medication in the past?  No  Yes

Do you have any Neurological disorders?  No  Yes

Do you have any issues with Dementia?  No  Yes

Have you had suicidal ideations (more than passive thoughts) in the past?  No  Yes,  
Are you currently having current suicidal thoughts?  No  Yes,  
**If yes**, please contact **Resolve Crisis Network - 1-888-796-8226**

Have you had recent hospitalizations due to your Mental Health?  No  Yes  
**If yes**, what happened:

Do you have any issues with drugs or alcohol?  No  Yes  
Do you have a medical marijuana card?  No  Yes

Have you had previous diagnosis of Bipolar I?  No  Yes,  
**If Yes**, are you currently being treated for it?  No  Yes

Have you had previous diagnosis of Schizophrenia?  No  Yes,  
**If yes**, are you currently being treated for it?  No  Yes  
**If no**, why not?

Are you looking to be treated for ADD/ADHD?  No  Yes  
**If yes**, unfortunately we do not prescribe or diagnosis ADD/ADHD, there may be alternative therapies to assist with symptoms.

Do you have any other concerns you would like us to know about?  No  Yes,  
**If yes**, please explain

*Please send the completed form to [CIMintake@upmc.edu](mailto:CIMintake@upmc.edu). Once received you will be contacted via phone/email to schedule, or with referral sources for a better treatment option for your care.*