Entered: _ _ / _ _ / 20_ _ mm dd yy   Initials: ________   Verified: _ _ / _ _ /20 _ _ mm dd yy   Initials: ________

Patient ID __ __ __ - __ __ __ __ __ - __ __ **ID**   **VISIT** **Visit:____**

For office use only.

PETSM – Version: 09/01/2010

Form Completion Date __ __ / __ __ / 20 __ __ **PETSMDAT**
mm dd yy

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1. **Since your last visit** have you been admitted to a hospital (including partial hospitalization or day hospital treatment) for treatment of psychiatric or emotional problems?

☐ 0. No   ☐ 1. Yes **PSYHOS_M**

Skip to question 2 (if No)

1.1 Total number of hospital admissions (including partial and day hospital) for treatment of psychiatric or emotional problems **since your last visit**? _____ (if none, enter '0') **PSYADM_M**

1.2 Number of inpatient (overnight) hospital admissions for treatment of psychiatric or emotional problems **since your last visit**? _____ (if none, enter '0') **PSYINP_M**

1.3 Number of partial hospital/day hospital admissions for treatment of psychiatric or emotional problems **since your last visit**? _____ (if none, enter '0') **PSYOUT_M**

1.4 What was the most recent psychiatric or emotional problems you were treated for in a hospital? (*check "no" or "yes" for each*)?

	No	Yes			No	Yes			No	Yes	
PRBDEP_M	☐	☐	Depression	**PRBALC_M**	☐	☐	Alcohol/drug abuse	**PRBBIP_M**	☐	☐	Bipolar disorder
PRBANX_M	☐	☐	Anxiety	**PRBEAT_M**	☐	☐	Eating disorder	**PRBSUI_M**	☐	☐	Suicidal
PRBINJ_M	☐	☐	Self injury	**PRBMAR_M**	☐	☐	Marital therapy	**PRBFAM_M**	☐	☐	Family Therapy
PRBADD_M	☐	☐	Attention deficit disorder		☐	☐	Post Traumatic Stress disorder **PROBPOS**				
PRBOTH_M	☐	☐	Other (____**PRBOTHS_M** ______)								

1.5 Were you treated for any other psychiatric or emotional problems in a hospital? ☐ 0. No ☐ 1. Yes **PSYCHO_M**

If yes,

1.5.1 What other psychiatric or emotional problem(s) were you treated for **since your last visit**? (*check "no" or "yes" for each*)

	No	Yes			No	Yes			No	Yes	
PSYDEP_M	☐	☐	Depression	**PSYALC_M**	☐	☐	Alcohol/drug abuse	**PSYBIP_M**	☐	☐	Bipolar disorder
PSYANX_M	☐	☐	Anxiety	**PSYEAT_M**	☐	☐	Eating disorder	**PSYSUI_M**	☐	☐	Suicidal
PSYINJ_M	☐	☐	Self injury	**PSYMAR_M**	☐	☐	Marital therapy	**PSYFAM_M**	☐	☐	Family Therapy
PSYADD_M	☐	☐	Attention deficit disorder		☐	☐	Post Traumatic Stress disorder **PSYPOS_M**				
PSYOTH_M	☐	☐	Other (____**PYOTHS_M** ______)								

2 Other than within a hospital, **since your last visit** have you been treated by anyone such as a counselor or mental health professional for psychiatric or emotional problems?

☐ 0. No ☐ 1. Yes **CTXHOSP_M**

Skip to question 3

2.1 What was the most recent psychiatric or emotional problems you were seen for (*check "no" or "yes" for each*)?

	No	Yes			No	Yes			No	Yes	
CTXDEP_M	☐	☐	Depression	**CTXALC_M**	☐	☐	Alcohol/drug abuse	**CTXBIP_M**	☐	☐	Bipolar disorder
CTXANX_M	☐	☐	Anxiety	**CTXEAT_M**	☐	☐	Eating disorder	**CTXSUI_M**	☐	☐	Suicidal
CTXINJ_M	☐	☐	Self injury	**CTXMAR_M**	☐	☐	Marital therapy	**CTXFAM_M**	☐	☐	Family Therapy
CTXADD_M	☐	☐	Attention deficit disorder		☐	☐	Post Traumatic Stress disorder **CTXPOS_M**				
CTXOTH_M	☐	☐	Other (____**CTXOTHS_M** ______)								

2.2 Were you treated for any other psychiatric or emotional problems **since your last visit**?

☐ 0. No ☐ 1. Yes **TXHOS_M**

If yes,

2.2.1 What other psychiatric or emotional problem(s) were you treated for **since your last visit**? (*check "no" or "yes" for each*)

	No	Yes			No	Yes			No	Yes	
TXDEP_M	☐	☐	Depression	**TXALC_M**	☐	☐	Alcohol/drug abuse	**TXBIP_M**	☐	☐	Bipolar disorder
TXANX_M	☐	☐	Anxiety	**TXEAT_M**	☐	☐	Eating disorder	**TXSUI_M**	☐	☐	Suicidal
TXINJ_M	☐	☐	Self injury	**TXMAR_M**	☐	☐	Marital therapy	**TXFAM_M**	☐	☐	Family Therapy
TXADD_M	☐	☐	Attention deficit disorder		☐	☐	Post Traumatic Stress disorder **TXPOS_M**				
TXOTH_M	☐	☐	Other (____**TXOTHS_M** ______)								

2.3 Are you **currently** seeing anybody for psychiatric or emotional problems? ☐ 0. No ☐ 1. Yes **TXNOW_M**

2.4 How often have you, during the **past 6 months,** seen a mental health counselor/ professional for psychiatric or emotional problems? **TXOFTN_M**

☐ Never ☐ 1 to 5 times ☐ 6 to 10 times ☐ 11– 20 times ☐ more than 20 times

3. **Since your last visit,** have you taken any medications for psychiatric or emotional problems?

☐ 0. No ☐ 1. Yes **PSYMED_M**

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	Have you **ever** taken…	Are you **currently** taking…
Antidepressants *(i.e., Prozac, Zoloft, Paxil)*	**ANTIDM_M** ☐ 0. No ☐ 1. Yes→	**ANTIDC_M** ☐ 0. No ☐ 1. Yes
Major tranquilizers *(i.e., Risperdall, Zyprexa)*	**MAJTE_M** ☐ 0. No ☐ 1. Yes→	**MAJTC_M** ☐ 0. No ☐ 1. Yes
Minor tranquilizers *(i.e., Ativan, Xanax)*	**MINTE_M** ☐ 0. No ☐ 1. Yes→	**MINTC_M** ☐ 0. No ☐ 1. Yes
Mood stabilizers *(i.e., Lithobid, Tegretol, Topamax)*	**MOODE_M** ☐ 0. No ☐ 1. Yes→	**MOODC_M** ☐ 0. No ☐ 1. Yes
Stimulants (*i.e., Ritalin, methylin*)	**STIME_M** ☐ 0. No ☐ 1. Yes→	**STIMC_M** ☐ 0. No ☐ 1. Yes
Other Medication: (Specify: __ **OMED12_M** _)	**OMEDE_M** ☐ 0. No ☐ 1. Yes→	**OMEDC_M** ☐ 0. No ☐ 1. Yes