Mount Sinai

SELF-ASSESSMENT for INITIAL VISIT
MSM/MSW DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL HEALTH

We ask everyone to fill out this form at the time of their first visit. Pease do your best to answer all the questions.
If you do not understand a question, our staff can explain it.
*Everything is **CONFIDENTIAL** and part of your medical record.*

YOUR NAME:

DATE OF BIRTH | **DATE OF VISIT:**

Have you had…

● CONSTITUTIONAL	YES	NO
Any recent weight change	□	□
Persistent Fever	□	□
Fatigue more than 6 months	□	□
Increased or poor sleep	□	□
● RESPIRATORY		
Chronic/ frequent cough	□	□
Shortness of breath	□	□
Wheezing	□	□
Snoring	□	□
● CARDIOVASCULAR		
Chest pain	□	□
Palpitations/irregular heart beat	□	□
Cannot climb 2 flights of stairs	□	□
● MUSCULOSKELETAL		
Pain/swollen joints	□	□
Back pain	□	□
Difficulty in walking	□	□
● HEMATOLOGIC/ LYMPH.		
Easy bleeding/bruising	□	□
Lumps in neck, armpits, groin	□	□
● NEUROLOGICAL		
Chronic/frequents headaches	□	□
Any fall in past 12 months	□	□
Convulsions/seizures	□	□
Memory problems	□	□
● FOR MEN ONLY		
Discharge from penis	□	□
Sore/lump on penis	□	□
Lump on testicles	□	□
● FOR WOMEN ONLY		
Abnormal vaginal bleeding	□	□
Vaginal discharge/lesions	□	□
Discharge/lump in breast	□	□
Date of your last period		

● EYES	YES	NO
Vision change in past 6 months	□	□
Wear glasses/contact lenses	□	□
● EARS/ NOSE/ THROAT		
Change in hearing in 6 months	□	□
Nose Bleeds	□	□
Recurrent sore throat	□	□
Voice change	□	□
Dental problems	□	□
● GASTROINTESTINAL		
Loss of appetite	□	□
Abdominal pain	□	□
Nausea/Vomiting	□	□
Chang in bowel habits	□	□
Blood in stool	□	□
● GENITOURINARY	□	□
Burning /pain on urination	□	□
Blood in urine	□	□
Difficulty holding urine	□	□
Sexual difficulty	□	□
● SKIN		
Hair loss/ excess hair growth	□	□
Rashes/ itching	□	□
Change in skin color	□	□
● ENDOCRINE		
Any loss in height	□	□
Excessive thirst/urination	□	□
Bothered by hot/cold weather	□	□
ALLERGIES to food/medicine:	□yes	□no
Specify allergy:		

Any comments about your physical health: _____

_____

MD/NP comment, initial and date_____

04/2013