Nancy C. Wheeler, M.D., P.A.

Today's Date: _____ Referral Source: _____

Patient Information

Last Name, First Name: _____ Gender: _____

Address: _____

City, State, Zip: _____

Primary Phone Number: Home/Cell _____ May We Leave a Message? Y / N

Secondary Phone Number: Home/Cell _____ May We Leave a Message? Y / N

Date of Birth: _____

Marital Status: _____

Occupation: _____ or Year In School: _____

Employer or School: _____

Pharmacy: _____ City: _____

Phone Number: _____

Medical Insurance:

(Although we do not accept insurance, we may need this information for prescription or laboratory purposes.)

Name of Plan: _____

I.D. #: _____

Name of Insured: _____ Date of Birth: _____

Employer of Insured: _____

Group #: _____

Emergency Contact:

(Please give us the name of a person we have permission to contact in the event of a medical/psychiatric emergency.)

Name: _____ Relationship:_____

Phone Number: _____

Nancy C. Wheeler, M.D., P.A.

Provider Information

Please provide the names and phone numbers of any providers you see regularly. Please include physicians, therapists, and complementary health practitioners.

Name: _____

Phone Number: _____

Type of Provider: _____

Name: _____

Phone Number: _____

Type of Provider: _____

Name: _____

Phone Number: _____

Type of Provider: _____

Name: _____

Phone Number: _____

Type of Provider: _____

Name: _____

Phone Number: _____

Type of Provider: _____

Name: _____

Phone Number: _____

Type of Provider: _____

Medical History

Medical Issues: Please list all major medical problems, present and past:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Nancy C. Wheeler, M.D., P.A.

Surgeries: Please list any operations you have had, the approximate date, and why:

_____
_____
_____
_____
_____
_____

Current Medications and Supplements: Please list all medications and supplements (including any over the counter medications) that you take more than once a week.

Medication	Dose	How Often?	Reason You Take It
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Substances: Please mark whether you are currently using any of the following substances now or in the past. Only mark the substance if it was used or is being used without a prescription.

Substance	Now	Past	Concerned About Your Use?
Alcohol	_____	_____	_____
Amphetamines/Stimulants	_____	_____	_____
Cocaine	_____	_____	_____
Hallucinogens	_____	_____	_____
Illicit Prescription Drugs	_____	_____	_____
Ketamine	_____	_____	_____
Marijuana	_____	_____	_____
Opioids (heroin, pain meds)	_____	_____	_____
PCP	_____	_____	_____
Sedatives/Benzodiazapines	_____	_____	_____
Tobacco Products	_____	_____	_____
Other	_____	_____	_____

 ~ 133 Defense Highway Suite 114 ~ Annapolis MD 21401 ~ 410-266-9181

Nancy C. Wheeler, M.D., P.A.

Allergies: Please list any medication or foods to which you have had a bad reaction.

Medication or Food	Reaction

Psychiatric History

Hospitalizations: Please list any psychiatric hospitalizations you have had.

Hospital	When	Reason

Past Therapists: Please list all mental health professionals whom you have seen.

Name	When	Reason

Family Psychiatric History: Please list any blood relatives who have been diagnosed with a mental illness.

Relationship	Illness

Nancy C. Wheeler, M.D., P.A.

Past Medications:

The medications below are sometimes prescribed for psychiatric problems. Please check any that you have taken in the past.

- o Abilify
- o Adderall
- o Alprazolam
- o Ambien
- o Amitriptyline
- o Amoxapine
- o Amphetamine
- o Anafranil
- o Aripiprazole
- o Ativan
- o Atomoxetine
- o Brintellix
- o Buproprion
- o Buspar
- o Busprione
- o Carbemazepine
- o Celexa
- o Chlordiazepoxide
- o Chlorpromazine
- o Citalopram
- o Clomipramine
- o Clonazepam
- o Clozapine
- o Clozaril
- o Concerta
- o Cylert
- o Cymbalta
- o Dalmane
- o Depakene
- o Depakote
- o Deplin
- o Desipramine
- o Desvenlafaxine
- o Dexedrine
- o Dextroamphetamine
- o Diazepam
- o Divalproex sodium
- o Doxepin
- o Duloxetine
- o Effexor
- o Elavil
- o Emsam
- o EnLyte
- o Escitalopram
- o Eskalith
- o Fanapt
- o Fetzima
- o Fluoxetine
- o Fluvoxamine
- o Focalin
- o Forfivo
- o Gabapentin
- o Geodon
- o Haldol
- o Haloperidol
- o Imipramine
- o Inderal
- o Khedezla
- o Klonopin
- o Lamictal
- o Lamotrigine
- o Latuda
- o Librium
- o Lexapro
- o Lithium
- o Lithobid
- o Lorazepam
- o Luvox
- o Metadate
- o Methylin
- o Methylphenidate
- o Mirtazapine
- o Modafanil
- o Nardil
- o Navane
- o Nefazodone
- o Neurontin
- o Nortriptyline
- o Olanzapine
- o Oleptro
- o Paliperidone
- o Pamelor
- o Parnate
- o Paroxetine
- o Paxil
- o Perphenazine
- o Phenelzine
- o Pristiq
- o Prolixin
- o Propranolol
- o Provigil
- o Prozac
- o Quetiapine
- o Remeron
- o Restoril
- o Rexulti
- o Risperdal
- o Risperidone
- o Ritalin
- o Saphris
- o Seroquel
- o Sertraline
- o Serzone
- o SInequan
- o Strattera
- o Tegretol
- o Temazepam
- o Thorazine
- o Tofranil
- o Topomax
- o Topiramate
- o Tranylcypromine
- o Trazodone
- o Trintellix
- o Valium
- o Valproic Acid
- o Venlafaxine
- o Viibryd
- o Vraylar
- o Vyvanse
- o Wellbutrin
- o Xanax
- o Ziprasidone
- o Zoloft
- o Zyprexa
- o Other_____
- o Other_____
- o Other_____