

# NORTHLAND PSYCHIATRY

## VISIT FORM

Please complete this form before you see your doctor to help us to get more done during your appointment, and to focus on what's important for you. If you want to keep the form, please let your doctor know.

Name	
Date	
Changes to contact details / GP	
Update since last meeting (add as much or as little as you like!)	
How has your mood been?	1 (terrible)   2   3   4   5   6   7   8   9   10 (great)
How has your confidence been?	1 (terrible)   2   3   4   5   6   7   8   9   10 (great)
My _____ has been	1 (terrible)   2   3   4   5   6   7   8   9   10 (great)
How have you been sleeping?	Good / Problems Falling Asleep / Problems Staying Asleep / Other
How has your appetite been?	Good / Decreased Recently / Increased Recently / Other
Any new symptoms?	
Any change in alcohol / drug use?	
Have any of your medications changed?	
How often have you managed to remember to take your medication?	Every time / Most of the time / Part of the time / Not at all
Any problems with your medications?	
Any problems with your physical health?	
Do you need any forms or letters completed today?	
Do you need a script today?	
What would you like to cover today?	