# 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. Please 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

**Have you had...**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any recent weight change</td>
<td></td>
</tr>
<tr>
<td>Persistent Fever</td>
<td></td>
</tr>
<tr>
<td>Fatigue more than 6 months</td>
<td></td>
</tr>
<tr>
<td>Increased or poor sleep</td>
<td></td>
</tr>
</tbody>
</table>

### DATE OF VISIT:

**Have you had...**

<table>
<thead>
<tr>
<th>YES</th>
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<tr>
<td>Vision change in past 6 months</td>
<td></td>
</tr>
<tr>
<td>Wear glasses/contact lenses</td>
<td></td>
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</tbody>
</table>

### CONSTITUTIONAL

- Any recent weight change
- Persistent Fever
- Fatigue more than 6 months
- Increased or poor sleep

### EYES

- Vision change in past 6 months
- Wear glasses/contact lenses

### RESPIRATORY

- Change in hearing in 6 months
- Nose Bleeds
- Recurrent sore throat
- Voice change
- Dental problems

### CARDIOVASCULAR

- Chest pain
- Palpitations/irregular heart beat
- Cannot climb 2 flights of stairs
- Change in bowel habits
- Blood in stool

### RESPIRATORY

- Chronic/frequent cough
- Shortness of breath
- Wheezing
- Snoring

### MUSCULOSKELETAL

- Pain/swollen joints
- Back pain
- Difficulty in walking
- Blood in stool

### GASTROINTESTINAL

- Loss of appetite
- Abdominal pain
- Nausea/Vomiting
- Difficulty holding urine

### GENITOURINARY

- Burning /pain on urination
- Difficulty in walking

### SKIN

- Hair loss/ excess hair growth
- Rashes/ itching
- Change in skin color
- Bothered by hot/cold weather

### NEUROLOGICAL

- Convulsions/seizures
- Memory problems

### ENDOCRINE

- Any loss in height

### 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

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Any comments about your physical health:

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