

Mental Health Pre-Screening/COVID Screening

Congratulations on taking the first step to better mental health!

Please complete the pre-screening questions below as this will help me ensure we will be a good fit. Your initial appointment will then be confirmed and you will receive additional intake forms. If for any reason I cannot accommodate your needs, I will do my best to point you in the right direction.

-Dr. Stewart Keller/Shuntak Jerideau PMHNP

What is the reason for you seeking treatment? *

What medications, if any, are you currently taking? *

Have you been psychiatrically hospitalized in the past two years? *

What, if any, previous diagnoses have you received? (ie depression, anxiety, borderline personality, ADHD, bipolar, schizophrenia, OCD?)

Are you seeking substance abuse treatment? *

Do you have fever, cough or shortness of breath? *

Yes

No

Any history of travel within 14 days of onset? *

Yes No

Any recent contact (14 days) with anyone with a confirmed diagnosis of COVID-19? *

Yes

No

Any recent (14 days) exposure to anyone with severe acute lower respiratory symptoms? *

Yes No