Pre-Screening for Psychological Evaluation

1. Do you have a documented psychiatric diagnosis of the following?

   Bipolar Disorder       Yes_____ No____
   Schizophrenia          Yes_____ No____
   Borderline Personality Disorder   Yes_____ No____
   Mood Disorder of any kind other than depression   Yes_____ No____
   Diagnosed Eating Disorder of any kind   Yes_____ No____

2. Have you been hospitalized for psychiatric reasons? If yes, When, Where and Why? (please include any past suicide attempts)

   When: ______________________________
   Where: _____________________________
   Why: ______________________________

3. Do you take any of the following medications?

   Clazirel       Yes_____ No____
   Lithium         Yes_____ No____
   Zyprexa         Yes_____ No____
   Seroquel        Yes_____ No____
   Abilify           Yes_____ No____
   Librium       Yes_____ No____

4. Have you had any past inpatient or outpatient treatment for anorexia or bulimia? If yes, When and Where?

   When: ______________________________
   Where: ______________________________
Substance Use

List all of the below that you currently use including the amount.

<table>
<thead>
<tr>
<th>Type of Substance</th>
<th>How much?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol:</td>
<td></td>
<td></td>
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<tr>
<td>Recreational Drugs:</td>
<td></td>
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</tr>
</tbody>
</table>

List product you used in the past, how often, how long and the approximate date of last use.

<table>
<thead>
<tr>
<th>Type of Substance</th>
<th>How often?</th>
<th>How long?</th>
<th>When did you stop using the substance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes:</td>
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