

# Getting Ready for Your Evaluation

A worksheet to organize your history before your visit. Fill in what you can; skip what you can't.

**Important, please read.** This document is for general educational and informational purposes only. It is not medical, legal, or professional advice, not a diagnosis or treatment, and not a substitute for care from a qualified clinician. It may not apply to your situation or the rules of your state. Do your own research and talk with your own clinician before acting on anything here. If you are in crisis or feel unsafe, call or text 988, call 911, or go to the nearest emergency room. shrinkMD provides scheduled, non-emergency telepsychiatry, doesn't prescribe controlled substances, and isn't an emergency service.

**What are your main concerns right now?**

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**When did they start, and what was happening around then?**

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**What makes them better or worse?**

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**How are your sleep, appetite, energy, and concentration?**

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**Past diagnoses, therapy, or medications, and what helped or didn't:**

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**Any hospitalizations or safety concerns, now or in the past:**

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**Medical conditions, allergies, alcohol or substance use:**

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**Family history of mental health conditions:**

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**What would a good outcome look like for you?**

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