

Please answer the following questions based on how you have felt since your **last** visit. You can find this form on our website, [www.pakconline.com](http://www.pakconline.com). Click on VIEW MORE under **Patient Forms** on the Home page, then click on **Dr Cole's Questionnaire**.

1. Describe your moods and spirits (happy, sad, depressed, frustrated, angry or other).
2. Please rate your anxiety level between numbers 0 and 10, 0 being lowest and 10 being highest.
3. How else do you feel different mentally?
4. What's going well or not well with your medications?

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_

5. How do the medications seem to be helping?
6. Has anyone worried about your alcohol or drug use?
7. What problems do the medications seem to be causing?
8. Have you had any thoughts about hurting yourself?
9. Are you having any dizziness or unsteadiness?
10. Are you seeing a doctor for anything related to your heart, circulation or blood pressure?
11. Are the medications, or any other factor, causing daytime sleepiness or problems with alertness?

12. Have other physicians, or family members, or pharmacists, expressed concerns about or raised questions about any of your medications?
  
13. What questions do you have about your current mental status?
  
14. What questions do you have about your medications?
  
15. What's your current weight?
  
16. Is there any reason to be concerned about drug or alcohol use?

Please list the name, number of times a day and dosage of all the medicines you take: Or attached image or file

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