

**Amanda Itzkoff, MD, M.D.**

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Please Provide Dr. Itzkoff with some information about your medical health and the reason you're seeking care now. This will allow Dr. Itzkoff to spend more time discussing your current issues, and less time asking you questions about historical data!

*\*\*Please Note: If there is any Information on the following pages you would prefer to review with Dr. Itzkoff exclusively by phone or in person, please leave those portions blank\*\**

Patient Name \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ [please list home (h), cell (c)]

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

What Concerns led you to make an appointment at this time? What would you like addressed here?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You have any Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have any medical problems? Have You Had any medical Problems in the Past?

Asthma Y - current/ past (circle one) N

Diabetes Y current/past N

High blood pressure Y current/past N

Heart Disease Y current/past N

Cancer Y current/past N

Other: -

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Who is your primary care doctor and when was your last visit?

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Have you ever seen a mental health practitioner before?

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Have you ever seen a Psychiatrist before? If yes, and you were prescribed medication please comment on the medication you were prescribed – where they helpful? Did they cause side effects?

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Do you have any history of suicidal thoughts or have you ever tried to harm yourself?

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Do you have any history of Psychiatric Hospitalization?

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Do you currently or have you in the past had any problems with drugs or alcohol?

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Does anyone in your family suffer from Psychiatric illness or see a psychiatrist?

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Additional comments you would like the doctor to know:

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