

Penny Chow M.D.

Dr. Penny Chow
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Clinical Information

Personal Information

Name:	
Occupation:	
Spouse's Name:	Spouse's Occupation:

Developmental Information

Birth Place:		Number of Siblings:	
Have you ever been a victim of abuse: Yes/ No			
If so, what type(s) (Physical, Sexual, Emotional):			
History of Arrests or Convictions: Yes / No		Are you a smoker: Yes / No	
History of Drug Use (Circle all that apply):		Barbiturates/Sedatives	
Marijuana		Cocaine/Crack	
PCP		Heroin/Opiates	
LCD/Hallucinogens		Amphetamine/Speed	
Alcohol Consumption per week (# of drinks):			
Education: Not Graduated High School		High School or GED	
4 Yr College		Some College	
Masters		2 Yr College	
Professional School/PHD			
Number of jobs as an adult:		Number of Marriages:	
Number of Children:		Religion:	

Medical Information

Primary Care Physician:
Reason for seeing a Psychiatrist:
Name of Previous Psychiatrist or Therapist (if any):
Previous Psychiatric Hospitalizations (when):
Current Medication/Supplement(list all):
Medication Allergies (List all):

Medical History (Circle):

Diabetes	Thyroid Problems	HIV/AIDS	Cancer
Liver Disease	Lung Problems	Seizures/Epilepsy	Kidney Disease
Heart Disease	High Blood Pressure	Gastrointestinal Disease	Stroke

Other: _____

Psychiatric History: Circle "S" for self and "F" for family.

Depression	S	F	Bipolar Disorder	S	F	Alcohol Abuse	S	F
Anxiety Disorder	S	F	OCD	S	F	Attempted Suicide	S	F
Schizophrenia	S	F	Drug Abuse	S	F	Completed Suicide		F

Other: _____

Please circle all symptoms that apply:

Depressed Mood	Overly Confident	Anxious	Tense
Insomnia	Racing Thoughts	Feeling Paranoid	Restless
Excessive Sleep	Impulsive Spending	Forgetful	Worrying Needlessly
Increased Appetite	Increased Productivity	Distractible	Repetitive Thoughts
Decreased Appetite	Hearing Voices	Disorganized	Compulsive Behaviors
Low/High Energy	Suicidal Thoughts	Startle Easily	Frequent Nightmares
Loss of Pleasure	Anger/Irritability	Heartracing/Pounding	

Past Medication History (Circle all you have currently or previously taken)

Antidepressants: (Circle)

Prozac/Sarafem (Fluoxetine)	Zoloft (Sertraline)	Lexapro (Escitalopram)
Celexa (Citalopram)	Cymbalta (Duloxetine)	Fetzima (Levomilnaciprin)
Luvox (Fluvoxamine)	Elavil (Amitriptyline)	Pamelor (Nortriptyline)
Tofranil (Imipramine)	Sinequan (Doxepin)	Norpramin (Desipramine)
Desyrel (Trazodone)	Serzone (Nefazdone)	Nardil (Phenelzine)
Marplan (Isocarboxazid)	Emsam (Selegiline)	Parnate (Tranylcypromine)

Antidepressants (cont.):

Remeron (Mirtazapine)	Trintellix (Vortioxetine)	Pristiq (Desvenlafaxine)
Effexor XR (Venlafaxine)	Wellbutrin SR/XL, Zyban, Aplenzin (Bupropion)	
Viibryd (Vilazodone)	Paxil/Pexeva/Brisdelle (Paroxetine)	

Anti-Manic/Mood Stabilizers: (Circle)

Haldol (Haloperidol)	Prolixin (Fluphenazine)	Risperdal (Risperidone)
Keppra (Levetiracetam)	Zyprexa (Olanzapine)	Vraylar (Cariprazine)
Seroquel (Quetiapine)	Geodon (Ziprasidone)	Clozaril (Clozapine)
Abilify (Aripiprazole)	Saphris (Asenapine)	Latuda (Lurasidone)
Fanapt (Iloperidone)	Gabitril (Tiagabine)	Topamax (Topiramate)
Depakote/ER (Valproic Acid)	Symbyax (Fluoxetine/Olanzapine)	Lamictal/CR (Lamotrigine)
Neurontin (Gabapentin)	Invega/ Sustenna/Trinza (Paliperidone)	Lyrica (Pregabalin)
Lithium Carbonate/Eskalith/ CR (Lithium)		
Carbatrol/Tegretol/XR/ Equetro (Carbamazepine)		

Anti-Anxiety/Sedative/Hypnotics: (Circle)

Cogentin (Benztropine)	Atarax (Benztropine)	Buspar (Buspirone)
Klonopin (Clonazepam)	Ativan (Lorazepam)	Xanax XR (Alprazolam)
Valium (Diazepam)	Sonata (Zaleplon)	Ambien/CR (Zolpidem)
Lunesta (Eszopiclone)	Rozerem (Ramelton)	Silenor (Doxepin)
Belsomra (Suvorexant)		

Stimulants/ADHD Medications: (Circle)

Adderall/XR (Amphetamine)	Dexedrine (Dextroamphetamine)	Concerta (Methylphenidate)
Cylert (Pemoline)	Strattera (Atomoxetine)	Provigil (Modafinil)
Vyvanse (Lisdexamfetamine)	Evekeo (Amphetamine Sulfate)	Nuvigil (Armodafinil)
Focalin XR (Dexmethylphenidate)	Ritalin SR/L (Methylphenidate hydrochloride)	

Additional Comments: