# INTAKE QUESTIONNAIRE

1. **What is your preferred name?** Roux Ali
2. **What are your pronouns?** ■She/Her ☐He/His ■They/Them ☐Other _____
3. **What is your sex?** ■Female ☐Male ☐Intersex
4. **What is your gender?** ■Female ☐Male ☐Transgender ■Non-Binary ☐Other_____
5. **What is your sexual identity?** ☐Straight ☐Lesbian ☐Gay ☐Bisexual ☐Transgender ■Queer

   ☐Prefer Not to Answer ☐Other _____
6. **What is your current relationship status?**

   ☐Single ☐Married/Civil Union ☐Separated ■Divorced ☐Widowed ☐Committed relationship

   ☐Prefer not to answer ■Prefer to self-describe: intentionally dating long distance
7. **Who lives in your household?** In between homes
8. **What is your cultural identity/ethnicity?** north african/african american
9. **What is your preferred language?** engligh
10. **When our on-site clinical services fully resume in the post-pandemic era, if you have the choice, which do you prefer for your visits?** ☐ In person ■ Telemedicine ☐ No preference
11. **How were you referred to our clinic?** ☐ Self-Referred ☐ Friends ■ Family

    ☐ Other: _____ ☐ My Doctor: _____
12. **What is your reason for seeking care at our clinic?** neuro assesment. adha/autism disorder spectrum

    _____
13. **Do you have a primary care physician?** ☐ Located at USC or ☐ Outside (please complete below)

    Location: _____ Name: _____ Phone: _____

14. **Have you ever had a psychiatric disorder?** ■Yes ☐No

15. **Have you ever had outpatient treatment for a psychiatric problem outside of a Keck Medicine of USC clinic?**

■No ☐Yes, please complete table below

| Type of Treatment | Dates of Treatment | Clinician Name | Clinician Type |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

16. **Have you ever been hospitalized for psychiatric reasons?** ☐Yes ■No

If yes, how many times in your lifetime have you been hospitalized? _____ times

If yes, how many times have you been hospitalized in the last year? _____ times

What is the date of your most recent hospitalization? _____

17. **Have you ever inflicted self-harm on yourself to feel better (e.g. cutting)?** ■Yes ☐No

18. **What medications, food, or other materials are you allergic to**? ■None

_____

19. **What prescribed medications are you currently taking (medical or psychiatric)?** ☒None

***There is additional space on the 5th page to include additional prescribed medications (medical or psychiatric) if needed.***

| Name of Medication | Prescribing Physician |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

20. **Please list all the psychiatric medications you have tried.** ☐None

| Name of Medication | Duration | Response | Reason for Discontinuing |
|---|---|---|---|
| zoloft | 1 year | okay | was not helping much |
| adderall | ~2 years | good | on and off, not sure why I discontiuned. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

21. **If any, what non-prescription medications or supplements are you currently taking?** ☐None

probiotic, multi for women

22. **If any, what medical conditions, including any head injury, have you been diagnosed with?** ■None

23. **Are you currently registered with Disability Services & Programs (DSP)?**

■No ☐Yes _____

**What accommodations are you receiving?**

24. **Emergency Contact Name:** Kenny Simril
25. **Emergency Contact Relationship to Patient:** uncle
26. **Emergency Contact Phone Number:** 310-968-3640

***Additional space to include additional prescribed medications (medical or psychiatric) if needed.***

| Name of Medication | Prescribing Physician |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

***Is there anything else you would like for us to know?***

I was diagnosed with ADD at 16. This was evident by teachers because my grades were slipping to a dangerous point. I was seeing a therapist at the time for my depression. She and my pediatrican gave me that diagnosis and I began taking adderall on top of my Zoloft perscription.
The adderall worked in that I could finally focus and accompish things that felt impossible before. It did bring on intense emotions for me and messed with my appetite. Uneducated about the gravity of ADHD at the time, I thought it's only challenges presented itself in school settings. Once I stopped taking classes I stopped medicating. I also had trouble taking my medicine once I was out on my own as an adult.

With a lot of uncertainty in my life these days,my ADHA symptoms have been more severe. I also am becoming more aware of my nerodivergence in social and relational settings. I am feeling like there was too much focus on my education with my initial diagnosis, that my relational and social behavior was never considered.
-basically when I shared with the 2 people closest to me that I think I may be on the ASD spectrum, they had already considered this.