

MAINE MEDICAL ASSOCIATION MEDICAL PROFESSIONALS HEALTH PROGRAM

Intake Questionnaire

Name _____

Date _____

Medical:

Do you have a primary care provider? Yes No

Are you treated for any physical medical conditions? If yes, please list:

Are you currently being treated for chronic pain? Yes No

Are you currently under the care of a specialist? Yes No

Current medications (name, dose, frequency. Include both prescribed and OTC):

On average, how many hours sleep do you get per night? _____

Do you consider it restful sleep? Yes No

Have you had bariatric surgery? Yes No

Mental health and substance use:

Do you have a mental health or substance use diagnosis? If yes, please describe.

Have you ever received treatment by a mental health professional? Yes No

Are you receiving treatment now?

Yes No

Does anyone in your immediate family (parent, sibling, children) suffer from a mental health or substance use disorder?

Yes No

If yes, please describe:

Do you live with anyone who suffers from mental health issues, substance use concerns, or chronic pain? If yes, please describe.

Have you experienced trauma in your life? If yes, please explain.

Are there any other challenges that are impacting your life currently? If yes, please explain.

Please indicate your pattern of use for each of the following, if any:

Substance	Date last used	How often do you use it?	Amount used currently	Age of 1st use	Age became problem (if applicable)
Alcohol					
Marijuana					
Opiates					
Benzodiazepines					
Stimulants					
Other:					

Do you experience any withdrawal symptoms when trying to quit any of these substance, if applicable? Yes No

If yes, please describe:

Are there any other behaviors you are involved in that have created problems for you (ex: eating disorder, OCD, cutting, skin picking, gambling, spending, sex, work)? Yes No

If yes, please describe:

What do you currently do to maintain over health and wellbeing?

Legal:

Current status: Clear Probation Parole Deferred Pending

Please list any criminal charges, convictions, dates, and outcomes:

Have you ever participated in DEEP? Yes No

Have you ever been accused of perpetrating domestic violence? Yes No

Have you ever been accused of a non-DV violent offense? Yes No

Employment:

Overall how satisfied are you with your current employment status?

Very satisfied Satisfied Neutral Dissatisfied Strongly dissatisfied

If you are dissatisfied or strongly dissatisfied, what would you like to see change?

Are you able to concentrate at work? Yes No

Do you feel appreciated at work? Yes No

Do you get along with your coworkers? Yes No

Do you feel stimulated by your profession? Yes No

Please list any employment terminations or disciplinary actions:

Please list any malpractice claims, including outcomes:

Are you now, or have you ever, been involved with a PHP? Yes No

Where and why?
