

## Bipolar Support Group Interest Form

(Please print legibly or type)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_, e-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Occupation: \_\_\_\_\_

Employment / Profession: \_\_\_\_\_

Who referred you or how did you hear about me? \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Education: HS Diploma \_\_\_\_\_, AA \_\_\_\_\_, BA/BS \_\_\_\_\_, Masters \_\_\_\_\_, Doctorate \_\_\_\_\_, ABD \_\_\_\_\_

Your Mood Disorder Diagnosis: BP I \_\_\_\_\_, BP II \_\_\_\_\_

Other or Additional Diagnoses: \_\_\_\_\_

Any bipolar-related hospitalizations? Yes \_\_\_\_\_, No \_\_\_\_\_. How many total \_\_\_\_\_

Approximate date of your last hospitalization due to bipolar disorder \_\_\_\_\_

Do you currently take medicine for your bipolar disorder? Yes \_\_\_\_\_, No \_\_\_\_\_

Who prescribes these: Psychiatrist \_\_\_\_\_, Primary care provider \_\_\_\_\_, Other: \_\_\_\_\_

If you see a psychiatrist, does he/she also function as your psychotherapist? Yes \_\_\_\_\_, No \_\_\_\_\_

Prescribing physician's name \_\_\_\_\_

Prescribing physician's office phone number: \_\_\_\_\_

Do you also have a psychotherapist you see regularly or intermittently? Yes \_\_\_\_\_, No \_\_\_\_\_

Psychotherapist's name: \_\_\_\_\_ Phone: \_\_\_\_\_

At the time you complete this form, where would you place your current mood on a scale of -10 to +10, with -10 = the most depressed you've been, 0 = mid range mood (no depression or elevation) and +10 = the most elevated you've ever been? \_\_\_\_\_

Consider the last year and approximate the percentage of time you've experienced the following mood states (should add up to 100%):

mid-range \_\_\_\_\_, depressed \_\_\_\_\_, elevated \_\_\_\_\_, mixed \_\_\_\_\_

Rate the degree of mood stability that you've had over the past four months:

very good \_\_\_\_\_, good \_\_\_\_\_, fair \_\_\_\_\_, poor \_\_\_\_\_

Please describe why you are interested in participating in a bipolar support group:

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Anything else you would like Dr. Federman to know about you and your treatment needs at this time?

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Thank you!