



Mizelle Psychiatric Associates, PC  
3737 Glenwood Avenue, Suite 100  
Raleigh, NC 27612  
(919) 561-7999 phone (919) 400-4395 fax  
www.mizellepsychiatry.com

PATIENT INFORMATION

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

Address \_\_\_\_\_  
\_\_\_\_\_

May we send mail to the above address? Y / N

Please provide numbers and Email you give us permission to call and leave a message.

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Single \_\_ Married \_\_ Divorced \_\_

GUARANTOR INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

EMPLOYMENT OR STUDENT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Position or Major \_\_\_\_\_

EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Telephone \_\_\_\_\_

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CHIEF COMPLAINT

What symptoms you are having?

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PAST PSYCHIATRIC HISTORY – PLEASE CIRCLE AND EXPLAIN

Have you been diagnosed with a mental disorder, if so what is your diagnosis? (Yes/No)

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What psychiatric medication, if any, have you been on in the past or are taking now?

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Have you ever been hospitalized in a psychiatric or mental health hospital? (Yes/No)

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Have you ever had Electroconvulsive Therapy (ECT)? (Yes/ No)

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Are you currently or ever been in talk therapy? (Yes/No)

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Have you ever had any suicide attempts? (Yes/No)

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Have you ever had any self injurious behavior (self cutting, head banging ect.)? (Yes/No)

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MEDICAL HISTORY – PLEASE CIRCLE AND EXPLAIN

Have you ever been admitted to a physical (not mental) hospital? (Yes/No)

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Do you have any medical illness? (Yes/No)

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Have you had past surgeries? (Yes/No)

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Have you ever been hit in the head and lost consciousness? (Yes/No)

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If you are a woman, any past abortions or miscarriages? (Yes/No)

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Are you allergic to any medications? (Yes/No)

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What medications (prescription or over-the counter) are you taking? (Yes/No)

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Do you periodically wet the bet at night or yourself during the day? (Yes/No)

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Was your last menstrual period less than one month ago? (Yes/No)

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FAMILY HISTORY - PLEASE CIRCLE AND EXPLAIN

Is there anyone in your family whom has been placed in a mental hospital? (Yes/No)

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Does any relative take medications for mental illness? (Yes/No)

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Anyone in your family with alcohol or drug dependence? (Yes/No)

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Any family history of mental retardation or learning problems? (Yes/No)

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SUBSTANCE ABUSE – PLEASE CIRCLE AND EXPLAIN

Are you addicted to any drugs, cigarettes, or alcohol? (Yes/No)

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Have you ever been arrested for using illegal or legal drugs? (Yes/No)

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Do any of your love ones think you have a drug problem? (Yes/No)

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Please Complete the Following Chart

Name of Drug	Age of Onset	How much did you use at the height of use	Duration of Dependence	Last Date Used	Longest Period of Abstinence

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Have you ever ben in any drug rehab programs? (Yes/No)

Name of Program	Outpatient Inpatient Partial Hospitalization	Starting Date	How long in the program?	What specific reason were you enrolled?	Did you complete the program?

Have you experienced the following:

DWI \_\_\_\_\_

Blackouts \_\_\_\_\_

Seizures \_\_\_\_\_

Job Loss related to drugs \_\_\_\_\_

Incarceration \_\_\_\_\_

Arrest related to drugs \_\_\_\_\_

Please list medical problems associated with your drug use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SOCIAL HISTORY – PLEASE CIRCLE AND EXPLAIN

Where you born preterm? (Yes/No)

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Where there any complications during the birthing process? (Yes/No)

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Did you mother have any medical problems while pregnant with you? (Yes/No)

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Did your mother take any prescribed or illegal drugs when pregnant with you? (Yes/No)

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Did you reach all developmental milestones (walking, talking, toilet trained etc.) on time? (Yes/No)

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Who reared you?

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How many sisters and brothers do you have?

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Any childhood sexual, physical, or emotional abuse? (Yes/No)

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Did you have any childhood sexual, physical or emotional abuse? (Yes/No)

What type of grades did you make in school?

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What is your highest level of education?

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Are you married, separated, divorced or single?

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Do you have children? (Yes/No)

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**CRISIS PLAN**

I understand that in the case of a psychiatric emergency I should call 911 or go to the emergency room.

Name Printed \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PRIVACY STATEMENT**

I understand that my record will be kept confidential by Mizelle Psychiatric Associates, PC. However I do understand that there are exceptions that part or all of my record may be divulged such in the case of a true emergency or a court ordered subpoena.

Name Printed \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PRACTICE CHARGES**

Payment is due at the time of the scheduled appointment.

Although Dr. Mizelle does not directly collaborate with insurance networks, patients are welcome to self pay at the time of appointment, and then contact their insurance provider regarding the reimbursement procedure for out-of-network benefits.

Initial Evaluations	\$225.00
Med Management follow-up	\$100.00/per visit
Therapy	\$150.00/ per 50 minute session

**PAYMENT INFORMATION**

Visa/Master Card/American Express

Name on Credit/Debit Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

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Your signature below gives Mizelle Psychiatric Associates, PC authorization to bill your credit card prior to your visit.

**CANCELLATION/NO SHOW POLICY**

Please be advised that our cancellation/no show policy requires a 48 hour advance notification by phone. Appointments not kept will incur a full appointment charge. This policy insures that other clients will be able to make timely appointments. By signing below you are stating that you have read and understand our cancellation/no show policy.

To the best of my knowledge, I have accurately answered the questions on this medical form. I understand that providing incorrect information can be dangerous to my (or the patients) health. It is my responsibility to inform the office of any changes in medical status.

\_\_\_\_\_  
Patient/Guarantor Signature

\_\_\_\_\_  
Date

**Medicare Statement**

I attest that I do **not** have Medicare Insurance. Federal law prohibits Medicare patients from paying for any medical services out of pocket. If I were to receive Medicare Insurance while in treatment, I will notify Mizelle Psychiatric Associates in writing by certified mail immediately. I or the legally responsible person agree to pay %100 of all paybacks and or penalties associated with any Medicare claims filed in my (patient) name for services rendered by Mizelle Psychiatric Associates, PC.

\_\_\_\_\_  
Printed Name of Patient or Legally Responsible Person

\_\_\_\_\_  
Signature of Patient or Legally Responsible Person

\_\_\_\_\_  
Date of Signature

**Medicaid Statement**

I understand that if I have Medicaid Insurance, that Mizelle Psychiatric Associates, PC only accepts credit/debit card payments for service. I have also been informed that Mizelle Psychiatric Associates, PC will not bill Medicaid for any services rendered and will charge the patient for all services provided at time of service.

\_\_\_\_\_  
Printed Name of Patient or Legally Responsible Person

\_\_\_\_\_  
Signature of Patient or Legally Responsible Person

\_\_\_\_\_  
Date of Signature



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**(Only for) SUBOXONE PATIENTS**

**Buprenorphine Maintenance**

**Suboxone** is the combination of buprenorphine (partial opioid agonist) and naloxone (opioid antagonist – Narcan). The combination is either 2 mg/0.5 mg or 8 mg/2 mg. Suboxone is a sublingual film (it dissolves under the tongue). The only FDA indication for Suboxone is for maintenance therapy for Opioid Dependence. The usual dose range is 8 – 16 mg a day. I prescribe the 8 mg film until the end of the detox phase, when the 2 mg film becomes helpful. At 16 mg, 93% of the opioid receptors are blocked in the average person. Studies have shown that best results with Suboxone maintenance occur after **1 year clean/sober/stable**. After that time, we should consider a gradual detox. Even though Suboxone is not scored, you can cut the film in half. You may not get exactly half the dose, but it is close. The most common side effect of Suboxone is headache. You can take Ibuprofen or Tylenol. You may not want to work on your first day on Suboxone. You do have choices of opioid maintenance treatment of naltrexone or methadone clinics. **You cannot take opiates (Oxycodone, Hydrocodone) or benzos (Xanax, Klonopin, Ativan, Valium) while taking Suboxone.** You can keep something in your wallet that says you are on Suboxone in case you are in an accident. You should read the package insert (PI) that comes with your first pill bottle and bring any questions with you to our next appointment. The PI is always available on [www.Suboxone.com](http://www.Suboxone.com)

Induction phase of treatment: To get started, I recommend you not take your first dose of Suboxone until you are in significant withdrawal from your previous opiate or at least 24 hours to avoid precipitated withdrawal (very uncomfortable). I suggest taking your first dose while you are in the comfort of your own home. Take ½ a film (4 mg) under your tongue and if you do not experience precipitated withdrawal within the first 15 minutes, you can then take the second half. I then recommend that you take one film (8 mg) twice a day for the first week. Then we'll meet and discuss what to do next. Suboxone has a 37 hour half-life. Most of my patients take two films (16 mg) once a day.

I ask my patients to:

1. Meet with me weekly until we establish the proper dose. So long as you are clean, sober, stable, and pass the UDS, we'll add a week to each subsequent appointment up to **4 weeks**. The right dose means that you are comfortable (not having withdrawal symptoms), not having cravings, and if you try using on top of the Suboxone you should not feel the effects (a blocking dose).
2. Urine Drug Screens may be monitored and will be performed in my office and sent out for confirmation. Our urines may be all supervised. If you are a female one of my female staff members may watch you urinate. We must have results in hand before prescriptions will be given.
3. Be honest. Relapse is part of the recovery process if we learn from the relapse.
4. Keep your appointments. You will be billed for no-shows or cancellations without notice by the previous office day. I'm in the office on **Thursdays only**.
5. Pay my fees. It is part of treatment compliance. Lack of payment may result in an administrative detox of 21 days (7 days of 4 mg, 7 days of 2 mg, and 7 days of 1 mg, #25- 2 mg film). I do not call in prescriptions without an appointment (we can do skype appointments on occasion with a two week maximum from a skype appointment if you are working out of state). I charge \$50 to call in Suboxone if you run out early. I do not replace "lost" or "stolen" Suboxone without a police report and a new appointment.
6. Try a self-help group for long-term recovery (AA, NA, SMART, Celebrate Recovery, or Rational Recovery). Try [www.na.org](http://www.na.org) for NA, click on "Find a Meeting" and type in your zip code or [www.nctriaa.org](http://www.nctriaa.org) for AA or [www.celebraterecovery.org](http://www.celebraterecovery.org)
7. **Do not give away or sell your Suboxone.** Diversion is against the law and puts my ability to prescribe Suboxone to my other patients in jeopardy with the DEA. The DEA and I check the NC Controlled Substance Reporting System. Filling prescriptions for controlled meds will jeopardize your treatment.

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8. **Bring all Suboxone Film wrappers with you at each appointment for counts** to document compliance and lack of diversion. Protect your meds with a **lock-box or safe**. Poison Control **800-222-1222**
9. Submit urine regularly for testing upon my request. I also urine test you if there's something unusual (examples include "lost medication," appearance of intoxication, using reports from third parties)

Suggestions on how to take Suboxone: The film will dissolve faster if your mouth is moist prior to placing the film under your tongue. So drink something prior to the dose. **Do NOT swallow Suboxone.** It will only cause constipation or nausea if swallowed. After about a minute, most of it will dissolve. You may have some chalky residue left over (mostly the naloxone), spit it out, then you may want to rinse and spit.  
Cost: If you have insurance, your co-pay would be the same of any trade medication. Out of pocket, an 8 mg film costs about \$8 (cost at pharmacies varies) and a 2 mg film costs about \$4. Methadone clinics cost \$11-13 a day.

Name Printed \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**By signing my name above, I agree that I have read the above policy and agree to its terms.**