



Seaward Clinic •

Specialist Psychiatry & Neuroaffirmative Care • Dr Attila Szigeti, Consultant Psychiatrist

Pre-Assessment Form

Please complete this form before your first appointment and return it through the encrypted upload link we send you with it, or hand it in when we meet — please do not send it back by email or WhatsApp. It helps your clinician understand your story before you meet, so the assessment time can be spent on what matters most to you. Write as much or as little as you like — short notes are fine, there are no right or wrong answers, and anything you leave blank can simply be discussed at the appointment. Everything you write is confidential and becomes part of your clinical record.

A. Your details

Full name:		Date of birth:	
Occupation:		GP name, practice address and telephone:	
Who referred you (GP / self / other):		Date completed:	

B. What brings you to Seaward Clinic

What are you hoping to get from this assessment? Why are you attending the service now?

For example: "I want to know whether I have ADHD", "my GP suggested a review of my medication", "I've struggled for years and want an explanation", "I need a report for work or college". If something happened recently that prompted you to seek help, tell us about it.

C. Your current difficulties

Describe the difficulties you are currently experiencing, in your own words.

What are the main problems day to day? When did they start, and have they changed over time? How do they affect your work or studies, relationships, home life, mood, sleep and finances? What have you noticed about your attention, restlessness, impulsivity, mood, anxiety or anything else that concerns you?

D. Mental health history

Outpatient care: have you ever attended a psychiatrist, psychologist, counsellor or mental health service?
 Please list the service or clinician, approximate dates, and any diagnosis you were given.

Service / clinician	When (approx.)	Diagnosis / reason for attending

Inpatient care: have you ever been admitted to hospital for your mental health?

Hospital	Year	Reason	How long

Have you ever experienced thoughts of harming yourself, or acted on such thoughts?
 You can answer briefly here — your clinician will discuss this with you sensitively at the appointment. If you are struggling right now, call 999 or 112, contact your GP or attend your nearest Emergency Department. Free, confidential support is available day and night from the Samaritans (116 123) and Pieta (1800 247 247, or text HELP to 51444).

E. Family history

Has anyone in your family had mental health difficulties, ADHD, autism, learning difficulties, or problems with alcohol or drugs?
 Blood relatives: parents, brothers and sisters, children, grandparents, aunts, uncles, cousins. Include diagnoses if known (e.g. depression, bipolar disorder, ADHD), even if never formally assessed — “my father was probably the same as me” is useful information.

Relative	Difficulty / diagnosis (formal or suspected)

F. Medical history

Please list any physical health conditions, past operations, or significant illnesses or injuries (including head injuries and seizures).

Current medicines (prescribed, over-the-counter and herbal), with doses if known:

Allergies or serious reactions to medicines:

G. Alcohol, nicotine and other substances

Honest answers help us assess safely and choose the right treatment — they are not recorded to judge you. Include current and past use.

Substance	Current?	In the past?	How much / how often (and when, if past use)
Alcohol	☐	☐	
Nicotine / vaping	☐	☐	
Cannabis	☐	☐	
Cocaine / stimulants	☐	☐	
Other (please name)	☐	☐	
Caffeine / energy drinks	☐	☐	

Have you ever felt your use of alcohol or drugs was a problem, or received treatment for it?

H. Legal / forensic history

Have you ever been arrested, charged or convicted of an offence, or is anything currently before the courts?

Include driving offences. This is asked of everyone — difficulties with impulsivity can sometimes lead to legal trouble, and it is relevant to a complete assessment. It is treated with the same confidentiality as everything else in this form.

I. Previous treatments — what has been tried, and did it help?

Medication trials: please list any psychiatric medication you have taken (for ADHD, mood, anxiety, sleep or anything else).

Medication	Highest dose (if known)	How long	Did it help?	Side effects / why stopped

Other interventions: therapy, counselling, CBT, coaching, courses, apps, lifestyle changes, supplements — anything you have tried.

Intervention	When / how long	Was it helpful? In what way?

J. Your questions

Is there anything specific you would like answered by the end of the assessment? Anything you are worried about, or anything else we should know?

Signature:

Date: