Dr. Graeme Campbell, M.D., F.R.C.P.C.
Psychiatrist
ProActive Wellness Centre
300 Kenmount Road, Unit 107
St. John's, NL A1B 3R2
T: (709) 800-9050 | F: (709) 368-0868

PATIENT INFORMATION

Name: DOB: E-mail (for rating scales):	MCP: Number: Address:
REFERRING DOCTOR:	**MEDICATION LIST (INCLUDE PAST TRIALS WITH DURATION AND HIGHEST DOSE)**

REASON FOR REFERRAL:

□ ADHD □ Anxiety □ Depression □ OCD □ PTSD

ANY HISTORY OF:

- Aggression / Violence □ Yes □ No

If yes, please explain:

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- Ongoing or past substance use □ Yes □ No

If yes, please explain:

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HISTORY OF PRESENT ILLNESS

Signature: Date: