



RAWAL INSTITUTE OF HEALTH SCIENCES ISLAMABAD

(Serial # /RIHS)

Mental Health Fitness Form



Name:	
Age:	
Gender: M / F	
Student's ID:	
Address/mobile #:	

Parent/Guardian details/ Relation with candidate:

Name _____ Mobile # _____

The student's medical history:

"Do you suffer from any of the diseases listed below? If "yes", please provide details such as diagnosis & treatment.

Questions regarding Health Problems	Yes	No	Details
Neurological diseases			
Seizure disorder/ Epilepsy			
History of depression/Anxiety/PTSD/Schizophrenia			
Emotional/ mental disorders			
Other mental health problems			
Any previous hospitalization regarding mental health?			
Any previous history of violence?			
Trouble sleeping			
Feeling tensed or keyed up.			
Feeling of easily annoyed or irritated			
Feelings of inferiority			
Any suicidal thoughts (or having the idea of ending life)			
If diagnosed with depression or ever visited psychiatric service			
History of alcohol and/or drug problems that caused impairment in life			

Please describe any psychological illness you have been suffering from previously or currently:

Are you taking any medicines regularly or intermittently? please mention the name of the medication and dosage:

Student's Name: _____ Signature: _____
 Parents/ Guardian's Name: _____ Signature: _____

MENTALLY FIT	MENTALLY UNFIT	DEFERRED
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Comments:

Clinical psychologist's name	Contact #/ email address	Signature	Stamp	Date