

# Mental Health Clinical Trial Pre-Screening

## Personal Information

Full Name

Age

Gender

Contact Email

## General Health

Have you been diagnosed with any mental health condition?

If yes, please specify the diagnosis

Are you currently receiving treatment?

Are you currently taking any psychiatric medication?

If yes, please list the medication(s)

## Eligibility & Screening

Have you previously participated in a clinical trial?

Are you available for in-person visits?

Additional Information (optional)