

What to Expect at Your First Visit

Your initial psychiatric evaluation, start to finish

Your first visit is a conversation, not a test. My goal is to understand what you are dealing with, what you have already tried, and what you want to be different. You don't need the right words or a tidy story. Most people don't have one, and that is fine. We will sort it out together.

The basics

How long	Plan for about an hour. Follow-up visits are shorter.
Where	By secure video, from any private spot in Pennsylvania. You need to be physically in Pennsylvania for every visit, including follow-ups.
Who	You and me. For teens, a parent or guardian joins for part of the visit, and I also spend some time with the teen one on one.
My role	I focus on psychiatric evaluation and medication management. If therapy would help, I can help you find a therapist, and I am glad to coordinate with one you already see.

Before your visit

- ☐ Finish your intake forms in the patient portal. The more you share ahead of time, the more of our visit we can spend talking.
- ☐ Check your insurance benefits, or let the office know you plan to use self-pay.
- ☐ Test your camera, microphone, and internet. A laptop or a propped-up tablet usually works better than a handheld phone.
- ☐ Choose a private spot where you can speak freely. A parked car works in a pinch, as long as you are not driving.
- ☐ Keep your photo ID and insurance card nearby.

What to have ready

- Every medication you take now, with the dose, including over-the-counter medicines, vitamins, and supplements. Photos of the bottles work fine.
- Psychiatric medications you have tried before, roughly how long you took them, and why you stopped. Your best guess is enough.

- Your preferred pharmacy, plus the names of your other clinicians, such as your primary care provider or therapist.
- Any recent lab results.
- The two or three things you most want to walk away with. Write them down so they don't get lost.

What we will talk about

I will ask about many parts of your life. They are all connected, and each one helps me make safer choices for you.

- What brings you in and how it affects your days
- Mood, anxiety, sleep, focus, energy, and appetite
- Past mental health care and what helped
- Medical history and current health conditions
- Family history of mental health conditions
- Alcohol, cannabis, nicotine, and other substances
- Hard or traumatic experiences, only as much as you want to share
- Work, including shift work, and life at home
- What is going well and what matters most to you

About the safety questions

I ask everyone about thoughts of suicide and self-harm. It is a routine part of good care, not a sign that I am worried about you in particular. Answering yes does not automatically mean a trip to the hospital. If safety is a concern, we make a plan together.

What you will leave with

- **A shared understanding** of what I think is going on. Sometimes that is a diagnosis. Sometimes it is a working impression we refine over the next few visits.
- **A plan we agree on.** It may include medication, lab work, a therapy referral, sleep strategies, or gathering more information before we decide.
- **If medication is part of the plan,** you will know what it is for, how to take it, which side effects to expect, and when you might notice a difference. Prescriptions go straight to your pharmacy.
- **A follow-up visit,** usually within 2 to 4 weeks when we start or change a medication.
- **How to reach the office** between visits: call 724-558-8323 or send a message through your patient portal.

About controlled medications. ADHD stimulants and certain sleep and anxiety medications come with extra safety steps. I may need records from past prescribers, a rating scale, or a second visit before prescribing, and I review Pennsylvania's prescription monitoring program as all prescribers do.

I'm glad you're here.

Ellen

Dr. Ellen M. Riccio, DNP, PMHNP-BC, FNP-C
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If you need help before your visit

If you are thinking about suicide or are in crisis, call or text **988** any time. Veterans, press 1.

If you are in immediate danger, call **911**. This practice is not set up to respond to emergencies.