

PSYCHIATRIC HISTORY

Have you ever been hospitalized for a psychiatric illness? Yes___ No___
If yes, when, where and for what?

Have you ever participated in outpatient counseling? Yes___ No___
If yes, when, with whom, and for what?

If medication has been prescribed for you, please list below:

<u>Medication</u>	<u>Prescribing Physician</u>	<u>Dates</u>	<u>Results</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ABUSE HISTORY

Have you ever been a victim of physical and/or sexual abuse? Yes___ No___
If yes, please explain:

DRUG/ALCOHOL HISTORY

Do you use now, or have you in the past used alcohol or drugs? Yes___ No___
If yes, please list substance used and frequency:

<u>Drug/Alcohol</u>	<u>Frequency of Use</u>	<u>Amount</u>	<u>When Started</u>	<u>Last Use (Date)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has the use of drugs or alcohol caused problems in your life or the lives of those you are close to?
If yes, please explain: Yes___ No___

Cigarette Use? Yes___ No___ If yes, how much? _____
Caffeine Use? Yes___ No___ If yes, how much? _____

LEGAL HISTORY

Have you ever had legal charges filed against you? Yes___ No___
If yes, please list:

Year	Charges	Consequences

FAMILY PSYCHIATRIC HISTORY

It is sometimes helpful to trace mental health issues such as depression, anxiety, alcohol and other drug abuse, etc. over biological family lines. Has anyone in your immediate or extended family ever been hospitalized for a mental health issue?

Yes___ No___

If yes, please describe:

Has anyone in your family been involved in outpatient counseling? Yes___ No___

If yes, please describe:

Does anyone in your immediate or extended family have a history of excessive drug or alcohol use?
If yes, please describe: Yes___ No___

Do you suspect that there have been or are any family members who experience undiagnosed or untreated mental health issues? If yes, please explain: Yes___ No___

Has anyone in your immediate or extended family experienced a history of legal problems?
If so, please describe: Yes___ No___

MEDICAL HISTORY

Primary Care Physican: _____

Allergies: _____

Hospitalizations: _____

Medications: _____

Surgeries: _____

Head Injuries: _____

Broken Bones: _____

Seizures: _____

Major Illnesses: _____

Other Medical Concerns: _____

SOCIAL HISTORY

Please list all individuals living in the home:

Name	Age	Occupation	Education	Relationship to Patient
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any immediate family members not living at home (include parents & siblings):

Name	Age	Years of Education	Place of Residence	Education	Relationship to Patient
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EDUCATIONAL/VOCATIONAL HISTORY

Highest educational level attained: _____ Are you currently enrolled in school? Yes____ No____

_____ Did not complete high school. If yes, name of school: _____

_____ High school Course of study: _____

_____ College

_____ Graduate school

Are you currently employed? Yes____ No____

If yes, place of employment: _____

How long have you been employed at your current job? _____

What is the job you have held for the longest time? _____

Describe any concerns you may be experiencing at work/school:

HOBBIES/RECREATIONAL INTERESTS

Please list any hobbies or recreational interests you may have:

Any recent changes in hobbies/interests? If so, please describe:

ADDITIONAL INFORMATION

Is there any other significant information about you, your family or the reason you are seeking treatment that you feel would be important for your provider to know? If so, please describe:
