

PATIENT HISTORY FORM

Date: _____

Name: _____

Date of Birth: _____

Please describe the problems for which you are seeking help:

Have you ever seen a psychiatrist, counselor or other provider of psychiatric services? Yes ___ No ___

If yes please list: Problem?

When?

Name of Provider?

Are you currently taking any medications for any reason? Yes: ___ No: ___. If yes, please list them.

Medication

Dose

How many times per day

For What Reason

Have you ever taken medication for psychiatric or emotional problems? Yes _____ No _____

If yes, please list medications. When did you take it? Why did you take it?

Have you had allergic reactions or other problems with medications? Yes _____ No _____

If yes, please list the medication and the reaction or problem:

Please list your medical problems including any head injuries or seizures?

Have you ever been hospitalized for psychiatric reasons? Yes _____ No _____

If yes, please give the hospital, location, date and reason for the hospitalization:

Have you ever attempted suicide? Yes _____ No _____ If yes when? _____

Are you currently having thoughts of harming yourself or anyone else? Yes _____ No _____

On average how many caffeinated drinks do you have per day? _____

Do you smoke? Yes _____ No _____

Have you ever had problems with alcohol? Yes _____ No _____

How many days per week do you consume beer, wine and or alcoholic beverages? _____

What is the range of the number of drinks on days that you drink? _____

Have you ever been treated for alcohol/drug abuse? Yes _____ No _____

If yes, when and where were you treated?

Have you used or do you currently use recreational drugs? Please circle those you use now or have used in the past:

Marijuana / Cocaine / Crack/ Prescription Medications

Speed / Methamphetamine / IV Drugs

LSD / Heroin / Other _____

Have you had any legal difficulties? Yes _____ No _____

Please list family member(s) who have (or had) emotional problems, psychiatric illness (including suicide) and/or difficulties with drug or alcohol abuse:

Family member's Relationship to You List Problem. Is it Ongoing or Resolved? (List One)
