

**PATIENT HISTORY FORM**

Patient Name: \_\_\_\_\_

I look forward to your visit. I would appreciate your completing this form and bringing it with you to your first appointment. This information will facilitate routine questions and save time for more important discussions.

Household Members:

Name	Occupation/Grade	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family members not living in the household (stepchildren, adult children, etc.):

Name	Age	Relationship	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 (Relationship To You)	Problem	Ongoing/Resolved (List One)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the problems that are causing you to seek help:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did the problem(s) begin?

\_\_\_\_\_  
\_\_\_\_\_



List type and dates of any medical hospitalizations and/or surgeries you have had:

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Have you ever been hospitalized for psychiatric reasons? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state when and cause:

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Have you ever attempted suicide? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how? \_\_\_\_\_

When: \_\_\_\_\_

Treatment received? \_\_\_\_\_

Are you having thoughts of harming yourself or others such as your spouse or children? Yes \_\_\_\_\_ No \_\_\_\_\_

How much caffeine do you have a day? \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had problems with drinking alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

How much alcohol are you consuming in a week, including beer and wine? \_\_\_\_\_

Have you ever been in treatment for alcohol/drug use? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state where and dates of treatment:

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Have you had any legal difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Marijuana

Cocaine/Crack

Prescription Medications

LSD

Heroin

Other \_\_\_\_\_

Speed/Methamphetamines

IV Drugs