

Have you ever been hospitalized for psychiatric reasons? Yes No Where/when?

Have any blood relatives sought psychiatric help that you're aware of? Yes No Who/why?

Medical History

Medical conditions currently impacting you: _____

Are you receiving medical treatment for your condition or symptoms? Yes No

By whom, at what location? _____

Date of last medical exam? _____ With whom? _____ Reason? _____

Recent hospitalization? Yes No Reason: _____

Medication	Dosage	Purpose	Is this a benzodiazepine or opioid?

Amount of coffee, tea, soda pop, caffeine/"energy" drinks each day: _____

Substance Use

Do you use:	Yes	No	How often?	Amount (# cigarettes, drinks, grams)	Have you ever been treated for addiction?
Cigarettes or chewing tobacco?					
Alcohol?					
Drugs? Types:					

Has your alcohol or drug use changed recently? Yes No If yes, in what way? _____

Have you ever been treated for alcohol or drug addiction? Yes No If yes, when? _____

Type of treatment (inpatient, outpatient, AA, etc.): _____

Is there anything else you'd like your therapist to know? _____
