medical history

Today's Date:

Client:

Date of Birth:

Height and weight:

Medical History (serious illness, conditions, syndromes, including hospitalizations):

Family Medical History (anxiety, depression substance issues, etc):

Primary Medical Provider:

Name:

Phone: Fax:

Address:

Medical conditions checklist:

|  |  |  |
| --- | --- | --- |
| Illness or condition | √ | Age of onset of condition |
| Measles |  |  |
| German Measles |  |  |
| Mumps |  |  |
| Chicken Pox |  |  |
| Whooping Cough |  |  |
| Diphtheria |  |  |
| Serious influenza |  |  |
| Strep Throat |  |  |
| Hepatitis |  |  |
| Meningitis |  |  |
| Encephalitis |  |  |
| Hay Fever (seasonal allergies) |  |  |
| Ear infections  |  |  |
| Ear tubes |  |  |
| Asthma/allergies |  |  |
| Heart Problems |  |  |
| Circulatory Problems (Bleeding) |  |  |
| Convulsions |  |  |
| Head Injuries |  |  |
| Muscular-Skeletal Injuries |  |  |
| Back Injury |  |  |
| Gastro-intestinal problems |  |  |
| Arthritis/Fibromyalgia |  |  |
| Other Injuries |  |  |
| Other Illnesses |  |  |
| Hearing Problems |  |  |
| Vision Problems |  |  |
| Food Intolerance(s) |  |  |
| Dietary Restrictions |  |  |
| Sleep Problems |  |  |

Explanation for any checked items (seriousness, treatment(s), outcomes, residual symptoms):

Current Medications (list all the medications—psychiatric, non-psychiatric, botanical and naturopathic—that you are ***currently taking***):

Prior Medications (list all the psychiatric medications you have ***previously taken):***

Recreational drug use (Quantity, Frequency, When start and stopped):

* Alcohol (ounce equivalents per day, week, etc):
* Marijuana:
	+ - Hallucinogens (LSD, mushrooms, MDA, etc.):
* Prescription medications (for anxiety, depression, sleep, pain):
* Cigarettes:
* Other (list):

Treatment programs (outpatient, psychiatric inpatient, day hospital recovery, AA):

Medical Expectations & Goals:

What are your goals or what do you hope to accomplish?

Do you wish to receive any particular medication?

Do you wish to receive any specific type of psychotherapy (i.e., cognitive behavioral, inter-personal, acceptance based, etc.)