PATIENT SELF-REPORT HISTORY **DATE**_____

I. CURRENT CONCERNS

_____

_____

_____

_____

II. MENTAL HEALTH TREATMENT (include past and/or current therapy and any hospitalizations or drug treatments)

Age/Yr	Therapist or Hospital	Symptoms	Treatments	Was Tx Helpful?

PSYCHIATRIC MEDICATIONS (List any you have taken ever)

Drug	Dose	Results/Side Effects

III. ALCOHOL AND DRUG USE

Drug	None	Current Use (per day/per week)	First Use/Last Use (per day/per week)	Problems (social, work, legal, medical)
Tobacco				
Alcohol				
Marijuana				
Sedatives				
Narcotics				
Cocaine				
Other				

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IV. MEDICAL HISTORY (List current problems)

Medications	Dose	Results/Side Effects

Name and address of your primary physician_____
(Please complete Release of Information form - attached)

Do you smoke? Yes No If yes, how much? Per Day_____# of years____

List all medical and surgical hospitalizations chronologically:

Have you ever had any of the following? (Please circle)

Seizures (Epilepsy)	Migraine Headaches	Tension Headaches	Head Injury
Dizziness	Numbness	Chest Pain	Pneumonia
Asthma	Shortness of Breath	Chronic Cough	Heart Disease
High Blood Pressure	Liver Disease	Ulcers	Cancer
Arthritis	Glaucoma	Hormonal Abnormality	Thyroid Disease
Diabetes	Venereal Disease	Allergies	

V. FAMILY HISTORY

A. FAMILY OF ORIGIN

Date of Birth_____Birthplace_____

Mother: Alive___ Deceased___Cause of death_____Date_____

Father: Alive___ Deceased___Cause of death_____Date_____

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B. MARITAL HISTORY

Current Marital Status_____# of years married_____
Please list dates of any prior marriages/divorces:

_____

C. CHILDREN

Name	Age	Describe relationship and any concerns

VI. BACKGROUND

A. EDUCATION What is the highest level of education you have completed?_____

Did you have any difficulties in school? ☐ Yes ☐ No
If yes, please briefly explain:

_____

B. LEGAL

Have you ever had any trouble with the law other than a traffic violation? ☐ Yes ☐ No
If yes, please briefly explain:

_____

C. EMPLOYMENT

Current occupation_____
How long at your present job?_____

Are there any problems with your current job? ☐Yes ☐ No
If yes, please briefly explain:

Annual Salary $_____

PRIOR EMPLOYMENT

Dates Worked	Job Title and Type of Business	Company Name	Salary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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How would you describe your relationship with your mother?

How would you describe your relationship with your father?

If either parent had depression, anxiety, moodiness or alcoholism, please describe:

Please list by name and age your siblings and describe any mental conditions:

Is there any member of your family who has attempted or committed suicide?
If yes, please describe briefly.

Do you presently have any thoughts of suicide? ☐ Yes ☐ No
Have you had thoughts of suicide in the past? ☐ Yes ☐ No

Have any of the following occurred in your family?

☐ Alcohol Abuse ☐ Drug Abuse ☐ Violence ☐ Divorce ☐ Incest ☐ Poverty ☐ Death

If your parents are divorced, what age were you at the time? _____

Please describe any periods of separation from your parents or other important people in your childhood?

TRAUMA AND ABUSE HISTORY Current? ☐ Yes ☐ No						
Abuse History: ☐ None	☐ Verbal	☐ Physical	☐ Sexual	Perpetrator:_____		
Age, Date & Circumstances:						
Trauma & Loss: ☐ None	☐ Rape	☐ Assault	☐ Accident	☐ Deaths	☐ Job Loss	☐ Disability
Age, Date & Circumstances:						

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