



MEDICAL HISTORIES AND MEDICATIONS

Last Name, First Name, Middle Name

Date

Are you currently being treated for or have you had a significant past medical problem related to any of the following:

No Yes

Disorder involving ears, nose, or throat

Lung disorder (COPD, asthma, etc)

Heart problems (heart failure, coronary disease, etc)

Blood vessel problem (high blood pressure, etc)

Gastrointestinal problems (acid reflux, hepatitis, etc)

Muscle or bone disorder (arthritis, etc)

Neurologic problem (migraines, seizures, etc)

Blood disorders (anemia, HIV, etc)

Endocrine disorder (diabetes, thyroid problem)

Immune system disorder (lupus, etc)

Cancer

Other: _____

Have you had any major surgeries or accidents requiring medical treatment (fall, car wreck, etc) in the past? If so, please provide details and dates.

No Yes

Please provide the name of your physicians.

Family Doctor: _____

Psychiatrist: _____

Other: _____

Please provide information on grandparents, parents, siblings or children suffering from major medical, mental health, or substance use disorders.

Please list all current medications, supplements, and vitamins you are taking, the strength, frequency and prescribing doctor (if over the counter, indicate with "OTC").

Medication	Strength	Frequency	Prescribing doctor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the names of providers you have received mental health treatment from in the past, including psychiatrists or counselors.

Name: _____ Dates: _____

Name: _____ Dates: _____

Name: _____ Dates: _____

Please indicate if you have ever been hospitalized for a mental health disorder.

Hospital: _____ Dates: _____

Please list medications for mental health you have taken in the past.

Please note how much and how frequent you consume alcoholic beverages.

Please note any drugs you are not prescribed, how much and the frequency of use.

Please note the type of tobacco used, how much and how frequently.

Signature of Client Date

Signature of Legal Representative and Relationship to Client Date

Revised 12/2010