

HEALTH HISTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please describe the reason(s) you are seeking treatment:

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

2. When did the problem begin and what motivated you to seek treatment *now*?

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

3. On the scale below, please estimate the current severity of the problem(s):

Mildly Upsetting      Moderately Severe      Very Severe      Totally Incapacitating

4. List all past or present mental health treatment:

Dates	Type Of Treatment	Doctor/Therapist Name	Where

5. List all current medications:

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

6. List all medications taken in the past for emotional/psychiatric reasons and dates taken:

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

7. Current Alcohol/Drug Use:

How Often:

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

8. Ever felt suicidal? YES NO  
    Currently? YES NO

Ever felt homicidal? YES NO  
    Currently? YES NO

