

## MEDICAL INFORMATION

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_  
DATE \_\_\_\_\_

1. List current medical problem(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any physical impairments or limitations which may require special consideration (i.e. hearing, vision loss)?:

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

3. List current medications and prescribing physician for each. Include any non-prescription medications: -

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

4. List any allergies to medications:

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

5. List, with dates, any past medical problems or surgeries:

Date                      Medical problem/surgery

_____	_____
_____	_____
_____	_____

6. List medical problems in current or family of origin:

Family Member                      Problem

_____	_____
_____	_____
_____	_____

7. List family members with a history of drinking or other drug use problems:

Family Member	Problem
_____	_____
_____	_____
_____	_____

8. List family members with a history of psychiatric problems:

Family Member	Problem
_____	_____
_____	_____
_____	_____

9. a) List dates and names of providers of any previous **out-patient** therapy/counseling you may have received:

Date	Name of provider:
_____	_____
_____	_____
_____	_____

b) List dates and names of any **in-patient** hospitalization for psychiatric care you may have received:

Date	Hospital
_____	_____
_____	_____
_____	_____

10. List all current physicians treating you: (Indicate your Primary Care Physician)

Name	Specialty	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Please respond to the following questions:

Use drugs?	δ Yes	δ No	Name of drug	Amount/Frequency
			_____	_____
			_____	_____
Drink alcohol?	δ Yes	δ No	Amount/Frequency	
			_____	
			_____	
Smoke?	δ Yes	δ No	Amount/Frequency	
			_____	
			_____	

12. List dates of previous or current involvement in any legal proceedings:

Date Describe

_____	_____
_____	_____
_____	_____

13. List dates of any previous or current suicide or homicide attempts:

Date Describe

_____	_____
_____	_____
_____	_____