

Spectrum Psychological Services

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PATIENT HISTORY FORM

Patient Information

Patient Legal Name: _____

Parent/Guardian: _____

Today's Date: _____

Patient History

Why are you seeking help now? *(What has changed or is currently happening that makes you seek help? What outcomes do you hope to achieve?)*: _____

Please give more details about the issues you named above. *(When did these issues begin? How frequently do they occur? How do they impact the patient's daily life? What strategies have been used to cope so far?)*: _____

Have they experienced similar or other mental health symptoms before? *(If yes, what were their experiences? When did these occur, and did they seek professional help?)*: _____

Has anyone in the family ever experienced mental health or substance use issues? *(If yes, who was affected? Did they seek help or receive a diagnosis? How did this experience impact them and the patient?):*_____

Does the patient have any current or prior medical issues? *(If yes, what conditions are they experiencing or have they experienced? Have they consulted with healthcare professionals? What treatments have they received? Is there a family history of medical conditions? Include any allergies (food, environment, etc.) or hospitalizations.):*_____

Are they currently prescribed any medications? *(If yes, please provide the names, dosages, frequencies, and prescribers for each medication.):*_____

Who is in their family? What is the relationship like? *(List the individuals they consider family, their relationships, and whether they live together.):*_____

What social activities and relationships do they participate in? *(What meaningful relationships do they maintain? Are they part of any social clubs or organizations? How do they typically spend their leisure time?):*_____

What spiritual practices and cultural influences are important to them? *(Are they part of any religious, faith, or spiritual communities? Do they identify with specific cultural groups or practices?)*:_____

What is their life like growing up, both at home and in school? *(Did they meet developmental milestones on time, or did they experience delays? How would they describe their friends and school experience?)*:_____

What needs or preferences do they have that will help us to be successful? *(What coping strategies have been effective so far? What should we know to ensure our sessions are successful and effective?)*:_____

Is there any additional information that would help us better understand their needs?:_____
