

Please describe your reason(s) for seeking treatment at this time.

GENERAL INFORMATION

Occupation: _____

Are you currently employed? _____

Relationship status: Single _____ Married _____ Domestic partner _____
Separated _____ Divorced _____ Widowed _____

Do you have children? _____

MEDICAL HISTORY

Current Medical Problems: _____

Please list your medications: _____

Medication Allergies: _____

Is it possible you could be pregnant? _____

PRIOR PSYCHIATRIC TREATMENT

Previous Outpatient Treatment: _____

Previous Psychiatric Hospitalizations:_____

Psychiatric medications you have tried in the past:_____

DRUG &ALCOHOL HISTORY

Have you ever had a problem with drugs or alcohol?_____

If yes, please describe:_____

On average, how many days per week do you drink alcohol?_____

On each of those days, how many drinks do you have?_____

Do you currently use any illicit drugs (including marijuana, cocaine, sedatives, amphetamines, narcotics, inhalants, or others)?_____

If yes, how much and how often?_____