

From which illnesses have you suffered in the past?

Medical/psychiatric/drug & alcohol :

What medical/psychiatric/drug&alcohol problems are in your family members?

Current Concern: Briefly, what brings you to request an appointment with Dr. Belsare?

What medications are you currently taking? (if you do not know, please provide a printed out list from your current physician or pharmacy for the last 12 months)

Name	strength (in mg...)	how often	route(oral, topical, injection)
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Primary care physician:

Phone:

What psychiatric medications have you been on in the past?

Medication

Was it effective?

Any side effects?
