

Please describe your reason for seeking help at this time: _____

Please describe any significant current stressors or issues in your history that may be related to the current problem: _____

What are your goals for treatment? _____

Have you received mental health treatment before? Yes____ No____

Name of Psychiatrist(s) _____ Last seen _____

Name of Therapist(s) _____ Last seen _____

Psychiatric hospitalization(s) _____

Do you have any medical problems? _____

Current medications & dosages: _____

Do you have any medication allergies? _____

Please describe your history of use of the following substances:

	Amount	Frequency	Last Used
Alcohol			
Tobacco			
Marijuana			
Cocaine			
Amphetamines			
Heroin			
Pain Medications			
Sedatives			
Other			