Previous Treatment

List any psychological/psychiatric treatment you have had:

_____

_____

List dates of any psychiatric hospitalizations you have had:

_____

_____

List dates of any treatment for chemical dependency you have had:

_____

_____

Have you or any other member of your family ever been seen for counseling? _____

If so when? _____

Medical History

Primary Care Clinic: _____Physician: _____

Describe any current medical conditions: _____

Describe any past medical conditions including surgeries: _____

List any current medications: _____

_____

_____