

Client Name _____

Allergies

Do you have any allergies no yes _____

Are you sensitive to any medications or substances? no don't know yes

Medications

a. Are you taking any prescribed medications? no yes

Name of doctor prescribing _____

Name of medication	dose	date began	refill date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Have you taken psychotropic medications before? no yes

Name of medication	dose	dates taken	effect
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Past treatment history

a. Please list all your prior medical treatment. Include dates, names of doctors, what the treatment was, and the outcome.

b. Please list names of all your prior psychiatrists, psychologists, and psychotherapists. List the dates you saw them, for what reason, how long the treatment lasted, and the outcome.

Client Name _____

Substance abuse

a. Check all of which applied to you

- I never drink alcohol.
- I drink only on special occasions.
- I drink socially but rarely get drunk.
- I drink socially and get intoxicated at least once a month.
- I drink socially and get intoxicated almost every weekend.
- I drink several times a week averaging 2-3 drinks at a time.
- I drink nearly every day and get intoxicated.
- I don't drink now but used to be an alcoholic.

b. I currently or have had a history of use of street drugs of

- amphetamines When, for how long, and how often _____
- marijuana When, for how long, and how often _____
- cocaine When, for how long, and how often _____
- heroin When, for how long, and how often _____
- other _____ When, for how long, and how often _____

c. I have abused prescription medications such as anti-anxiety or pain pills. no yes

If yes, which ones _____

d. Cigarette use

- I smoke ___ cigarettes per day
- I have smoked for ___ years.
- I do not smoke cigarettes.

e. I had a history of abusing over-the-counter drugs (such as nasal spray) no yes

If yes, which ones _____

Work history

What kind of work do you do? _____

How many years/months have you had your current job? _____

How many hours per week do you work? _____

Family history

What state or country were you born in? _____

What did your father do for a living? _____

What did your mother do for a living? _____

What are the names and ages of your siblings _____

Significant family events (separations, divorce, deaths) _____
