



PATIENT HISTORY

PATIENT NAME: _____

STATEMENT OF PROBLEM

I-PRESENTING PROBLEM [INDICATE PERCEIVED PROBLEM, INCLUDE SYMPTOMS AND THEIR IMPACT ON OVERALL FUNCTIONING]

II- ONSET OF PROBLEM [DESCRIPTION OF WHEN THE OBSERVED PROBLEM BEGAN AND THE PROGRESSION OF PROBLEM]

MEDICAL HISTORY

I-LIST PAST AND CURRENT DIAGNOSED MEDICAL ILLNESSES

II- INDICATE ANY KNOWN RELEVANCE TO THE PRESENTING PROBLEM

PSYCHIATRIC TREATMENT HISTORY

I- PREVIOUS/CURRENT TREATMENT

A. PREVIOUS HOSPITALIZATION-INCLUDING PARTIAL HOSPITALIZATION PROGRAM [BEGIN WITH THE MOST RECENT HOSPITALIZATION, REASON FOR HOSPITALIZATION, PROVIDE THE MONTH/YEAR AND DURATION]

B. PSYCHOTHERAPY/COUNSELING [BEGIN WITH THE MOST RECENT TREATMENT, PROVIDE THE MONTH/YEAR OF THE INITIATION OF TREATMENT, DURATION OF TREATMENT, AND REASON FOR TERMINATION]

II-MEDICATION [LIST NAME, DOSAGE, FREQUENCY, COMPLIANCE AND NAME OF PHYSICIAN PRESCRIBING]

PREVIOUS MEDICATIONS

NAME	DOSAGE	FREQUENCY	COMPLIANCE	PHYSICIAN

CURRENT MEDICATIONS

NAME	DOSAGE	FREQUENCY	COMPLIANCE	PHYSICIAN

III-ALCOHOL/SUBSTANCE USE

- A. DO YOU CURRENTLY USE ALCOHOL? HOW FREQUENTLY?

- B. DO YOU CURRENTLY USE RECREATIONAL DRUGS? HOW FREQUENTLY?

- C. DO YOU NOW OR HAVE YOU EVER HAD A PROBLEM WITH ALCOHOL ABUSE?

- D. DO YOU NOW OR HAVE YOU EVER HAD A PROBLEM WITH SUBSTANCE ABUSE?

ABUSE HISTORY

I- INDICATE PAST OR CURRENT OCCURRENCE OF THE FOLLOWING [CHECK APPLICABLE BOX/ES]:

- DOMESTIC VIOLENCE
- CHILD ABUSE
- SEXUAL ABUSE
- PHYSICAL ABUSE
- VERBAL ABUSE

IF YOU CHECK ANY OF THE ABOVE, PLEASE COMPLETE BELOW:
WAS THE OCCURRENCE OF THE ABOVE ABUSE REPORTED/DISCLOSED? _____

FAMILY HISTORY

I- FAMILY MEMBERS [LIST NAMES OF IMMEDIATE FAMILY MEMBERS AND INDICATE WHETHER THEY RESIDE WITH YOU]

NAME	RELATIONSHIP	LIVING IN THE SAME HOUSEHOLD [Y OR N]

II-HISTORY OF MENTAL ILLNESS IN THE FAMILY [INDICATE FAMILY MEMBER AND DIAGNOSED ILLNESS]

SOCIAL FUNCTIONING

I-FAMILY SUPPORT [INDICATE EXISTENCE OF SUPPORT FROM FAMILY MEMBERS]

II-NON-FAMILIAL SUPPORT [INDICATE EXISTENCE OF SUPPORT FROM OTHER PEOPLE (E.G. FRIENDS, CO-WORKERS, ETC.)]

ACADEMIC & WORK HISTORY

I-LEVEL OF EDUCATION

II- STATUS OF EMPLOYMENT

TREATMENT GOALS

WHAT ARE YOUR TREATMENT GOALS?