



Medical & Psychiatric History Form

Name: _____ Age _____ Date: _____

Address: _____

City _____ State _____ Zip _____

Profession _____

Are you married? _____ been divorced? _____ How long ago did the divorce occur? _____

If yes, how many previous marriages have you had? _____ Have long have you been in your current relationship? _____ Church Affiliation? _____

Child's Name, Age, Sex, Adopted, Step, Biological, and who is living at home? (If you have children)

1. _____ F M _____

2. _____ F M _____

3. _____ F M _____

4. _____ F M _____

Are you currently or have you ever been in therapy? _____

If yes, when? _____

If so, Individual, Couples, or Family Therapy? _____

What were the presenting issues?

Do you or did you have a Psychiatric Diagnosis?

How long were you in therapy & was it helpful?

Have you ever been suicidal or attempted suicide? _____ When? _____ Homicidal? _____

When? _____ Drug Overdose? _____ When? _____ Police called on you or arrested? _____ In jail? _____ When? _____ For what? _____

Are you currently having suicidal ideation or are suicidal or homicidal ideation?

Have you ever been in a psychiatric unit or hospital? _____ When? _____

_____ What for? _____

What was your clinical diagnosis at the time and currently? _____

Any sexual abuse in your history? _____ Age _____ Any treatment? _____

Any physical abuse in your history? _____ Age _____ Any treatment? _____

Are you currently on medications? _____ If so, what kind & amount?

Who should we contact in case of an emergency?

Relationship _____ Phone number _____ Location _____

What is your psychiatrist name? _____ Phone _____

What is your current therapist name? _____ Phone _____

Please **circle** any of the following issues that may apply to you. And **check** those issues that apply to your family:

Alcohol use	Depression	Drug use	Infidelity
Anger problems	Loneliness	Chronic illness	Marital problems
Recent death of family/friend	Loss of faith in God	Loss of trust	Guilt
Loss of hope	Insecurity	Nervousness	Physical pain
Poor appetite	Pregnancy/Abortion	Premarital counseling	School problems
Recent loss of relationship	Eating problems	Loss of self-respect	Fear
Sleep problems	Behavior problems	Spiritual problems	Self-doubt
Violence problems	Relationship problems	Work related problems	Anxiety
Suicidal feelings	Recent major life changes	Sexual concerns	Abuse
Bipolar	Mood Swings	Compulsive Behaviors	Jealousy
Abandonment	Addictions	Pornography	Affairs
Personality Disorders	Unmotivated	Obsessive Thinking	Low Self Worth
Dependency	Isolation	Excessive Computer	Bulimia
Anorexia	Control/Power issues	Victimization	Parenting Issues
Financial Issues	Mania/Manic	Delusional thinking	Hallucinations
Physical Abuse	Trauma	Sexual Abuse	Verbal Abuse

Please expand on circled areas from above.

Any other information you would like us to know about?

Signature

Date

Signature

Date