



Name \_\_\_\_\_

D.O.B: \_\_\_\_\_

**PSYCHIATRY HISTORY/TREATMENT**

Have you (*patient*) ever been diagnosed with a mental health disorder? \_\_\_\_\_ if YES please specify: \_\_\_\_\_

Current Psychiatric Medications: \_\_\_\_\_

Past Psychiatric Medications: \_\_\_\_\_

Have you ever been in COUNSELING/THERAPY? \_\_\_\_\_

If YES, why? \_\_\_\_\_

Have you ever been SEXUALLY/PHYSICALLY ABUSED? \_\_\_\_\_ Has it been reported? \_\_\_\_\_

Have you ever attempted SUICIDE/HOMICIDE? \_\_\_\_\_ If YES, when? \_\_\_\_\_

Have you been admitted to a psychiatric hospital? \_\_\_\_\_ If YES, when? \_\_\_\_\_

What hospital were you admitted to? \_\_\_\_\_

**PSYCHOTIC FEATURES**

a) Have you seen shadows, monsters, etc. others don't see? \_\_\_\_\_

b) Have you heard voices, whispers, sonic sounds, etc. others don't hear? \_\_\_\_\_

Have you tried illicit drugs (Weed, Coke, Crack, Heroin, K2, Meth, etc.)? \_\_\_\_\_ If YES, when \_\_\_\_\_

What drugs have you tried? \_\_\_\_\_

AND when did you start using these drugs? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ If YES, how much do you drink in a week? \_\_\_\_\_

AND when did you start drinking alcohol? \_\_\_\_\_

**LEGAL HISTORY**

Have you ever had interaction/encounter with the police/legal system? \_\_\_\_\_ If YES, please specify

\_\_\_\_\_



Have you ever been ARRESTED? \_\_\_\_ If YES, what was the reason for the arrest?

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### **FAMILY HISTORY**

Family members with mental illness? \_\_\_\_ If YES, please specify \_\_\_\_\_

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Family members with a history of substance abuse (weed, alcohol, coke crack, meth, etc.)?

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If YES, please specify \_\_\_\_\_

Is there a family history of suicide? \_\_\_\_ If YES, who & when \_\_\_\_\_

Any family member who has a medical history of:

Cancer \_\_\_\_\_ High blood pressure \_\_\_\_\_

Stroke \_\_\_\_\_ Diabetes \_\_\_\_\_

Other medical conditions \_\_\_\_\_

How many siblings: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Family history of SUDDEN CARDIAC DEATH (before age 30 years) \_\_\_\_\_

### **SOCIAL HISTORY**

Lives with: \_\_\_\_\_ Work Hx: \_\_\_\_\_

CPS involvement? \_\_\_\_ If YES, please specify \_\_\_\_\_

### **DEVELOPMENTAL**

Antenatal/Prenatal care? Y/N \_\_\_\_\_ Complications during pregnancy/delivery? \_\_\_\_ If YES, specify \_\_\_\_\_

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Developmental milestones (walking, talking, potty training, etc.), on time? Y/N

### **MEDICAL HISTORY**



Head injury? \_\_\_\_\_ Seizures? \_\_\_\_\_

Loss of consciousness/dizziness/syncope? Y/N    Surgery? \_\_\_\_\_

History of chest pains, heart murmur, palpitations? Y/N If YES specify \_\_\_\_\_

Last Physical Exam/Wellness Visit \_\_\_\_\_