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**GENERAL HISTORY**

**Patient**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Presenting Problem**

*Please describe the problem(s) which lead you to seek treatment at this time. How long have you had this (these) problem(s)?*

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**Past Treatment**

*Please list all previous episodes of outpatient and/or inpatient mental health treatment, indicating your age and for how long you were in treatment on each occasion.*

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## Medication History

Please list any medication(s) you have taken in the past for psychiatric (nervous) disorders and indicate how helpful you found them.

<i>Medication</i>	<i>How helpful did you find this medication?</i>

## Current Medication(s)

Please list all medications which you are currently taking, reasons for their use and the name of the prescribing doctor or clinic.

<i>Medication</i>	<i>Strength</i>	<i>No./day</i>	<i>Symptom(s) treated</i>	<i>Prescribed by</i>

## Medication Allergies/Sensitivities

Please describe any known allergies or sensitivities to medications.

<i>Medication</i>	<i>Allergic reaction or sensitivity to this medication</i>

**Medical History**

*Please list previous medical hospitalizations, serious illnesses or injuries, seizures, head injuries, numbness, headaches, etc.*

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Do you use any tobacco products?

- No
- Yes *(please describe what you smoke and how much)*

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**Family Psychiatric/Neurological/Medical History**

*Please list all types of disorder and histories of psychiatric hospitalization of extended and immediate family members.*

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**Substance Use/Abuse History**

*Please describe your current and past drinking habits and drug use, including prescription drugs if used for recreational purposes, and identify any problems caused by substance abuse in the past or at present.*

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**Current Family Constellation**

*Please describe your current living situation, including those living in your household and how they get along.*

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**Family of Origin**

*Describe your family of origin, including significant events which occurred when you were growing up.*

Lined writing area for 'Family of Origin'.

**Religious Orientation**

*Please list your religious affiliation and that of your family, as well as the degree to which you participate in religious activities.*

Lined writing area for 'Religious Orientation'.

**Work/School History**

*Please describe your current employment status, work history, educational background/adjustment to school and, if applicable, military history.*

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**Criminal Justice/Legal System Involvement**

*Please list any past or present arrests, convictions, litigation (e.g. custody suits, divorce), etc.*

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**Use of Other Community Resources**

*Please list any current involvement with other community resources, agencies and therapists.*

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