Psychiatric History (PLEASE ONLY COMPLETE IF SEEING PSYCHIATRY)

Have you ever seen a psychiatrist? If so, who? _____
for how long? _____
What was the diagnosis or problems treated? _____

Have you ever taken **psychiatric medications** before? (including medications for depression, anxiety, sleep, memory/focus, mood)

List as many medications as you can remember (if any):

Medication name **Length of time taken** **did it help?** **Side effects (if any)**

_____
_____
_____
_____
_____
_____

Have you ever been **admitted to a psychiatric hospital** before? If yes, list dates and reason:

_____
_____

Have you ever **attempted suicide**? ___ Yes ___ No

_____
_____

Do you feel you have any **memory problems or other cognitive disorder**? ___ Yes ___ No

Family History: please check all that apply.

Cancer ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Diabetes ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Heart Disease ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Hypertension ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Depression ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Family History Continued: please check all that apply.

Anxiety ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____
Bipolar ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Dementia ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Schizophrenia ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Substance Abuse ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Parkinson's ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Epilepsy/seizures ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Multiple Sclerosis: ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Is there anything else that you think is **important that we know** about you?
_____
_____
_____
_____
_____
_____

Do you have any particular areas of concern that you would like us to be sure to address today?
_____
_____
_____
_____
_____
_____
_____