

Health and Mind, LLC/  
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PATIENT'S BRIEF HISTORY

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Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Briefly describe the reason for your visit( your current symptoms and treatment): \_\_\_\_\_

Past Psychiatric Treatment History:

Outpatient treatment: \_\_\_\_\_ Yes, \_\_\_\_\_ No

Inpatient treatment: \_\_\_\_\_ yes, \_\_\_\_\_ No

History of suicide attempts: \_\_\_\_\_ yes, \_\_\_\_\_ No

Current Psychiatric medications:

Substance/Alcohol abuse: yes,\_\_\_\_\_, no \_\_\_\_\_

If yes, Current: \_\_\_\_\_, Past: \_\_\_\_\_

Describe: \_\_\_\_\_

Medical History:

Allergies:

Current medications for Medical issues:

Family history of mental health or substance/alcohol abuse issues:

Childhood issues(truma, academic difficulties, developmental delays):

Educational level: \_\_\_\_\_ Employment: \_\_\_\_\_

Legal issues: no \_\_\_\_\_, yes \_\_\_\_\_

If yes, describe: \_\_\_\_\_