

Please list all *prior* psychiatric medications (you are no longer taking) below:

<u>medication</u>	<u>approx. date started</u>	<u>approx. date stopped</u>	<u>reason stopped</u>

If you have ever attempted to harm or kill yourself, please list the occurrences below:

<u>approx. date of attempt</u>	<u>how did you attempt (method)?</u>

Has anybody in your biological family (blood relatives) been diagnosed or treated for a psychiatric illness?

If so, please list below:

<u>relative</u>	<u>psychiatric illness</u>

MEDICAL HISTORY

Please list any medical conditions for which you are currently being treated:

Please list all prior surgeries and hospitalizations for medical illnesses:

<u>Date</u>	<u>surgical procedure / illness for hospitalization</u>

Do you have, or have you ever had any of the following (please check all that apply) ?

High Blood Pressure		Lung Disease		Gastrointestinal Problems (ulcers, pancreatitis, irritable bowel, colitis)	
Diabetes		Arthritis or Rheumatoid Problems		Liver Damage or Hepatitis	
Heart Disease		Thyroid Disease		HIV Positive or AIDS	
Asthma		Other Endocrine/Hormone Problems		Neurological Problems (stroke, brain tumor, nerve damage)	
Skin Disease		Gynecological Problems		Seizures	
Eye Problems		Urinary Tract or Kidney Problems		Migraine or Cluster Headaches	
Ear/Nose/Throat Problems		Genital Problems		Cancer	
Eating Disorder		Chronic Pain		Chronic Viral Illness (herpes, Epstein-Barr, chronic hepatitis)	
Fibromyalgia		Anemia			

Are you allergic to any foods or medications? Please list below:

<u>Food or medication</u>	<u>Reaction you experienced</u>

Regarding alcohol, when was your last alcoholic drink? _____

In the Past 30 days, about how many of those days have you had at least one alcoholic drink? _____ days

What is the maximum number of drinks you have had in one day in the past month? _____ drinks

Please check the appropriate boxes that apply to you for the following substances:

	Never used	Rarely Used	Last used on this approx. date:	Continue to use occasionally	Continue to use frequently	Continue to use daily or almost daily
Cocaine						
Amphetamines or Speed						
Marijuana						
Diet Pills						
Hallucinogens (LSD, Mushrooms, mescaline)						
Ecstasy						
Diuretics						
Tranquilizers						
Pain Pills						
Inhalants						
Sleeping Pills						
Laxatives						
Cigarettes or Tobacco						
PCP or "Angel Dust"						
i.v. drug use						
Heroin						
GHB						
Anabolic Steroids						
Caffeine (coffee, tea, cola's, iced tea)						
Benzodiazapines (Xanax, Valium, Ativan, Restoril, Librium)						
Other:						