

(Psychiatric Patients Only)

PERSONAL & FAMILY HISTORY

Patient name: _____

	If living		If Deceased	
	Age	Health	Year & Age	Cause
Father				
Mother				
Brother(s)				
Sister(s)				
Spouse				
Son(s)				
Daughter(s)				

MEDICAL HISTORY

Name any medications to which you are allergic: _____

Are you taking any medicines, drugs, herbs, over-the-counter medications, or vitamins?
Yes ___ No ___

List by name and dose. Be **SURE** to include medicine for: heart, blood pressure, thyroid, pain, sleep, nervousness, depression, epilepsy, birth control, weight reduction or hormones:

Medical Hospitalizations (list illness, year, and physician): _____

Surgical Hospitalizations (list illness, year, and physician): _____

- continued on reverse -

Other serious illnesses or injuries: _____

Previous Psychiatric Treatment (practitioner, year, type of treatment, and medication): _____

Current Stresses: _____

Reason for seeing Dr. Hammond (major problem): _____

Have you had any of these experiences in the past 3 months?

	Yes	No		Yes	No
Depressed mood?			Sleep disturbance?		
Loss of interest?			Panic attacks?		
Loss of pleasure?			Excessive muscle tension?		
Excessive fatigue?			Excessive nervousness?		
Loss of appetite?			Difficulty breathing/smothering?		
Thoughts of self harm?			Feeling very slowed down?		
Thoughts of harming others?			Dizziness/Faintness?		
Trouble concentrating?			Tremors?		
Weight gain?			Sweating?		
Weight loss?			Tingling/Numbness?		
Agitation?			Flushes/Chills?		
Feelings of unreality?			Fear of losing control?		
Inappropriate elation?			Hallucinations (seeing or hearing things)?		
Inappropriate irritability?			Suspiciousness of several people?		
Grandiose notions?			Overly rapid/Skipping heartbeat?		
Increased pressured speech?			Difficulty remembering/Mind going blank?		
Disconnected, racing thoughts?			Unwanted recurrent persistent thoughts?		
Markedly increased energy?			Repetitive behavior or mental acts that you feel driven to perform?		
Distractibility?			Behaviors or thoughts aimed at warding off some dreaded event?		
Impulse control problem?			Confusion?		
Low self-esteem?			Wide mood swings?		
Nervous habits?					
Social withdrawal?					