

History

PLEASE FILL THIS OUT AS COMPLETELY AS POSSIBLE

Name: _____

What you like to be called: _____

What specifically are you coming to see Dr. Wilson for?

Who referred you to Comprehensive Psychological Services?

Where were you born: _____

Did you ever move? Yes No

If yes, where to and how many times? _____

Where did you live when you were young? _____

Who lived with you in your household? _____

Who lives in your household now? _____

What was/is your father's job? _____

Dad's Health:

What was/is your mother's job? _____

Mom's Health:

Do you have any children? Yes No

If yes, ages and gender:

Any mental health or developmental issues in the family? Yes No

If Yes, who and what specifically?

Were you adopted? Yes No

If yes, how old were you when you were adopted? _____

Do you have any brothers or sisters? Yes No If yes, ages: _____

Did your mother have any problems during her pregnancy with you? Yes No

If yes, what were they?

Drink alcohol?

Took medications?

Name/Dosage/Frequency/How long have you been taking?/Who Prescribed?

Who is your primary care physician?

Are you allergic to anything? YES NO

If yes, specifically what are you allergic to?

Smoked Cigarettes?

How long?

How much daily?

Do you use smokeless tobacco?

Used Drugs?

What specifically?

How long?

Any periods of abstinence?

Born Premature?

Was there anything unusual about your mother's pregnancy with you? Yes No

If yes, what?

Were there any delivery risk factors at the time of your birth? Yes No

Did you meet all of your developmental milestones on time?

Do you ever hear voices/see things/feel like things are crawling on you?

Any trauma in your past? What specifically?

Do you have nightmares?

Did you ever self-injure? Cut/Burn/pull hair out/squeeze face/hit yourself/punch or slap yourself?

Any medical problems?

How are you sleeping? How is your appetite?

Where did you attend Elementary School?

How did you perform? (Failing, Below Average, Average, Above Average)

Where did you attend Middle School?

How did you perform?

Where did you attend High School?

How did you perform?

Psychiatric History

Ever been hospitalized? When, how long, reason?

Any prior psych services/any prior testing?

Family History

Occupational (Work) History:

If applicable, where do you work?

Where have you worked before?

Any issues related to being able to perform your duties at work?

Health History

Alcohol/Drug Use

Legal Problems

Is there anything else you believe we need to know ?