

Psychiatric History

Name: _____

Date: _____

1. Have you ever been hospitalized for any emotional or psychiatric reason? ___ Yes ___ No
If yes, please complete information below:
Dates Name of Hospital Reason for Hospitalization Was it Helpful?

2. Have you ever received psychiatric or psychological treatment before? ___ Yes ___ No
If yes, please complete information below:
Dates Name of Professional Reason for Treatment Was it Helpful?

3. Are you currently taking any medication for psychiatric reasons? ___ Yes ___ No
If yes, please complete information below:
Medication Dosage Frequency Name of Prescriber

4. Have you ever made a suicide attempt? ___ Yes ___ No If yes how many attempts? _____
Approximate date What did you do to hurt yourself? Were you hospitalized?

5. Has anyone in your family ever made a suicide attempt? ___ Yes ___ No
If yes, how is this person related to you? _____

6. Has any member of your family died from suicide? ___ Yes ___ No
If yes, how is this person related to you? _____

7. Does anyone in your family have a history of mental health issues (e.g., depression, anxiety, drug abuse)?
 ___ Yes ___ No *If yes, please complete information below:*
Family Member List psychiatric, drug, or alcohol problem

8. Has anyone in your family received psychiatric treatment? ___ Yes ___ No

9. Please list all psychiatric medications you have taken in the past. (Use back if necessary).

10. Have you ever experienced abuse as a child? ___ Yes ___ No ___ Not Sure
11. Have you ever experienced abuse as an adult? ___ Yes ___ No ___ Not Sure
12. Have you ever experienced sexual abuse as a child? ___ Yes ___ No ___ Not Sure
13. Have you ever experienced rape including date or marital rape? ___ Yes ___ No ___ Not Sure
14. Have you ever experienced verbal abuse as a child? ___ Yes ___ No ___ Not Sure
15. Have you ever experienced verbal abuse as an adult? ___ Yes ___ No ___ Not Sure