

**Northeast Psychiatric & Psychological Institute
Personal History**

Patient Name _____
(Print Print) **First** **Middle** **Last**

Reason for your visit: _____

Have you ever seen a psychiatrist or counselor before? _____

If yes, please list their names: _____

Please list all medications that you are taking: _____

Do you or have you ever had a problem with drugs or alcohol? _____

Have you ever been in a treatment facility for substance abuse? _____

If yes, please list the name of the facility and dates of treatment: _____

Has anyone in your family been treated for emotional or substance abuse problems? _____

If yes, who? _____

Do you have any current medical problems? _____

If yes, please describe: _____

Have you ever been hospitalized: _____

If yes, please describe: _____

Please list any allergies to medications, if any: _____

If patient is a student, please list the name of school, teacher and grade level: _____

Whom do you live with? Please list his/her name, age, and relationship to the patient: _____
