DIEDRICH'S COUNSELING SERVICES, INC.

MEDICAL/PSYCHOLOGICAL HISTORY

Name_____**Date**_____

Medical Doctor's Name _____ **Phone** _____**Date last seen** _____

List medications you are taking. Include all Medical & Psychological prescriptions.

Medication Dose Condition Prescribed by

_____
_____
_____
_____
_____

List any allergies including medical allergies: _____

Current Medical/Emotional Conditions (check all that apply)

Chronic Pain ☐ Irritable Bowel ☐ Arthritis ☐ Thyroid Disease ☐ Headaches ☐ Seizure Disorder ☐ Vision ☐
Asthma ☐ STD ☐ Heart Problems ☐ Skin Problems ☐ Weight loss/gain ☐ Gastric Bypass ☐ Back Trouble ☐
Diabetes ☐ Hearing ☐ Cancer ☐ Fibromyalgia ☐

Other:_____

Are you currently being treated for any chronic medical conditions or any other condition? Y ☐ N ☐ if Yes,

describe:_____

What problem(s) caused you to seek help for yourself:

_____

Do you have a history of physical abuse?	Y ☐	N ☐
Do you have a history of sexual abuse?	Y ☐	N ☐
Do you have a history of emotional abuse?	Y ☐	N ☐
Do you have a history of self-injury or self-abuse?	Y ☐	N ☐
Do you have a history of addiction?	Y ☐	N ☐

Check if there have been any of these recently:

Irritable	☐	Changes/problems in eating	☐	Changes or problems in sleeping	☐	Sad	☐
Arguing	☐	Difficulty concentrating	☐	Lost interest in activities	☐	Sexual difficulties	☐
Fatigue, tiredness	☐	Excessive worrying	☐	Restless, fidgety	☐	PTSD	☐
Depression	☐	Anxiety/panic	☐	Bipolar	☐	ADHD	☐

Other _____

Fears ☐ Dying ☐ Darkness ☐ Animals ☐ Other

Names of all who reside in household: _____

Have there been any recent illnesses or death among your family or close friends? Y☐ N☐

Have there been any recent crises or major changes? Y☐ N☐

Have you or anyone in your family had any hospitalizations for emotional problems? Y☐ N☐

If so, when and where _____

Have you ever intentionally made a suicide attempt? Y☐ N☐

Have you or anyone in your family been in counseling or psychotherapy? Y☐ N☐

Is so, when and with whom _____

Military

Have you ever served in the military? Y☐ N☐

If yes, what branch and for how long _____

Did you have any negative experiences, such as:

Began using alcohol in excess☐ Problems taking orders☐ Nerves☐ AWOL☐

Began using drugs☐ Being reprimanded☐ Following rules/regulations☐

Were you stationed in a combat zone? Y☐ N☐

If yes, for low long _____

What was the highest rank you attained? _____

What were the terms of your discharge? _____