

PREVIOUS OR CONCURRENT TREATMENT

Name of Client _____

Please list any past psychotherapy you have received, including the name of the person/people you saw and when you saw them.

Please list any previous psychiatric treatment you have received, including the name of the person/people you saw and when you saw them.

Please list the name and dose of any psychotropic medications (medicine designed to affect your mood, feelings, or thinking medications processes) you are currently taking.

Please list the name and dose of any psychotropic medications you have taken in the past and when you took them.

Please list any treatment you have received for chemical dependency or other addictive behavior, including the specific treatment you sought and when.

Name of your primary doctor _____

Primary Care Clinic _____

Please list any medical conditions you have _____

Please list the name and dose of any medications (other than psychotropic) you are currently taking
