

HEALTH HISTORY FORM

CLIENT NAME (please print): _____ DOB: _____

Name of person completing form if not client: _____

Relationship to client: _____

Please list any history of mental health treatment including outpatient therapy, substance use treatment, or inpatient psychiatric hospitalizations.

MEDICAL CONDITIONS Please mark current/history of medical conditions		
<input type="checkbox"/> Diabetes <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Hx of Stroke <input type="checkbox"/> Hx of Cancer <input type="checkbox"/> Thyroid Issues	<input type="checkbox"/> Auto Immune Disease <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> CAD/MI/PVD/Arrhythmia <input type="checkbox"/> None Reported	<input type="checkbox"/> Other Medical Conditions:
CURRENT MEDICATIONS		
Please list all medications – attach a list if there is not enough space provided		
Current Medication	Strength/Dose/Schedule	Prescriber Name/Start Date

SUBSTANCE USE

How often did you have a drink containing alcohol in the past year?

☐ Never ☐ Monthly or Less ☐ 2-4x monthly ☐ 2-3x weekly ☐ 4+ times a week

How many drinks did you have on a typical day when you were drinking in the past year?

☐ None ☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 to 9 ☐ 10 or more

How often did you have six or more drinks on one occasion in the past year?

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily/almost daily

How frequently have you used tobacco products in the last 30 days?

☐ Never ☐ Once or Twice ☐ Weekly ☐ Daily/almost daily ☐ Decline ☐ I Don't Know

Please describe any other concerns with substances you may be presenting with today:

Current Housing

In the past 30 days, where have you been living most of the time?

Would you like assistance in identifying stable housing? ☐ Yes ☐ No

Employment

Name of Employer: _____

Job Title: _____

What is your employment status over the previous week?

☐ Full Time (35+ hours) ☐ Part Time ☐ Looking for work ☐ Disabled
☐ Volunteer Work ☐ Retired ☐ Not looking for work ☐ Decline ☐ Don't Know
☐ Other (specify): _____

Would you like assistance in finding employment? ☐ Yes ☐ No