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Marks Psychiatry and Forensic Services, PC

Date:

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential
and will become part of your medical record.

Name *(Last, First, M.I.):* ☐ M ☐ F	**DOB:**
Marital status: ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	

MENTAL HEALTH HISTORY

Have you ever seen a mental health provider for any reason (this includes, psychiatrist, psychologist, counselor, etc)?	☐ Yes	☐ No

If yes, when and why?

Year	**Reason**	**Hospitalized?**			
		☐	Yes	☐	No
		☐	Yes	☐	No
		☐	Yes	☐	No
		☐	Yes	☐	No
		☐	Yes	☐	No

Have you ever made a suicide attempt or thought about it?	☐ Yes	☐ No

If so, when?

SYPMTOM SCREEN

Have you ever been sad or depressed for more than two weeks?	☐ Yes	☐ No
Have you ever had so much energy that you didn't need to sleep, and made big plans or bad decisions?	☐ Yes	☐ No
Have you ever been so anxious that you couldn't do anything, or even leave the house?	☐ Yes	☐ No
Do you often feel that you need to count, check or clean things in a special way?	☐ Yes	☐ No
Do you ever have several minutes of extreme anxiety and fear that comes out of the blue?	☐ Yes	☐ No
Do you ever feel that you can't control your thoughts or that people can read or control your mind?	☐ Yes	☐ No
Have you ever thought about someone so much that you followed them?	☐ Yes	☐ No
Do you have trouble sleeping?	☐ Yes	☐ No

MEDICAL HISTORY

Do you have any medical illnesses?	☐ Yes	☐ No

	Problem	Year diagnosed
If yes, please list		

Hospitalizations

Year	Reason	Hospital

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers

Name the Drug	Strength	Frequency Taken

Allergies to medications

Name the Drug	Reaction You Had

HEALTH HABITS

Exercise	☐ Sedentary (No exercise)			
	☐ Mild exercise (i.e., climb stairs, walk 3 blocks, golf)			
	☐ Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)			
	☐ Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)			
Caffeine	☐ None	☐ Coffee	☐ Tea	☐ Cola

	# of cups/cans per day?		
Alcohol	Do you drink alcohol?	☐ Yes	☐ No
	If yes, what kind?		
	How many drinks per week?		
	Are you concerned about the amount you drink?	☐ Yes	☐ No
	Have you ever experienced blackouts?	☐ Yes	☐ No
	Are you prone to "binge" drinking?	☐ Yes	☐ No
	Have you received treatment for drug or alcohol addiction?	☐ Yes	☐ No
Tobacco	Do you use tobacco?	☐ Yes	☐ No
	☐ Cigarettes – pks./day	☐ Chew - #/day	☐ Pipe - #/day	☐ Cigars - #/day
	☐ # of years	☐ Or year quit		
Drugs	Do you currently use recreational or street drugs?	☐ Yes	☐ No
	Have you ever given yourself street drugs with a needle?	☐ Yes	☐ No

FAMILY MENTAL HEALTH HISTORY

	AGE	MENTAL HEALTH PROBLEMS		AGE	MENTAL HEALTH PROBLEMS
Father			**Children**	☐ M ☐ F	
Mother				☐ M ☐ F	
Sibling	☐ M ☐ F			☐ M ☐ F	
	☐ M ☐ F			☐ M ☐ F	
	☐ M ☐ F		**Grandmother** *Maternal*		
	☐ M ☐ F		**Grandfather** *Maternal*		
	☐ M ☐ F		**Grandmother** *Paternal*		
	☐ M ☐ F		**Grandfather** *Paternal*		

Any other family members with mental/emotional problems? If so, who?	☐ Yes	☐ No

DEVELOPMENTAL AND OCCUPATIONAL HISTORY

Where were you born and raised?			
To your knowledge, did you develop normally as a child? (physically and mentally):		☐ Yes	☐ No
Did you have any problems in school? (discipline or behavioral)		☐ Yes	☐ No
Any legal problems as a child?		☐ Yes	☐ No
Did you ever?	Hurt animals for fun?	☐ Yes	☐ No
	Skip school?	☐ Yes	☐ No
	Set fires for fun?	☐ Yes	☐ No
Have you ever been physically or sexually abused?		☐ Yes	☐ No
Have you ever served in the military? What was your rank? Type of Discharge?		☐ Yes	☐ No

What was your last level of education completed?	
What is your current occupation?	
How many times have you been married?	How many children do you have?

LEGAL HISTORY AND MISCELLANEOUS

Have your ever been arrested?			☐ Yes	☐ No
If yes, list when and for what	Charges		Year	

Check if you have been involved in any of the following:

☐	Personal injury litigation	☐	Termination/suspension from a professional society or managed care/insurance panel
☐	Sexual Harassment complaints	☐	Any professional/administrative complaints
☐	Workers Compensation claims		
☐	Bankruptcy		

Space for Additional Comments