Options
Counseling and Family Services

Client #:_____

Physical Health & Medical History

Please answer the following questions as accurately and completely as possible.

Who are your Health Care Providers

Primary Care Provider	Last Visit:
Psychiatrist	Last Visit:
Dental	Last Visit:
Other Health Care Provider:	Last Visit:
Other Health Care Provider:	Last Visit:
Other Health Care Provider:	Last Visit:
Other Health Care Provider:	Last Visit:

Current Health Care Concerns

Please list below

Medical Concern	Date of Onset	Comments

Additional Problems – Past and Present

Allergies	Past	Present		Muscle Aches	Past	Present	
Back Pain	Past	Present		Breathing	Past	Present	
Headaches	Past	Present		Diabetes	Past	Present	
Stomach/Digestive	Past	Present		Head Injuries	Past	Present	
Gum Disease	Past	Present		Dental Pain	Past	Present	
Thyroid	Past	Present		Heart Problem	Past	Present	
Stroke	Past	Present		Hypertension	Past	Present	
Cancer	Past	Present		Skin Problems	Past	Present	

Other past or present medical issues:

_____

_____

_____

_____

Hospitalizations for Medical or Psychiatric Reasons __Yes __No

If yes, please list below

Reason for Hospitalization	Year(s)	Comments

Current Medications

Please include prescriptions, over-the counter meds, vitamins, supplements, herbals

Medication	Taken for	Dosage	Date Started	Prescriber

Reactions/Interactions from Past or Current Medications

Medication	Type of Reaction	Year

Diet and Nutrition

Check all that apply

	I have had a healthful diet, lots of fruits and veggies		I tend to eat more than recommended
	I tend to overindulge in high carbohydrates or fast foods		I tend to binge and purge
	Anxiety and/or mood interfere(s) with my appetite		I tend to abuse caffeine (coffee or soda)
	I smoke cigarettes/use other tobacco products		I skip meals on a regular basis

Physical Activities

Check all that apply

	I participate in regular aerobic exercise		I occasionally exercise or work out
	I work out on a regular basis		I tend to be more sedentary or passive
	I walk, dance, hike, or do yoga regularly		Physical problems keep me from exercising

Please speak with your provider if you would like to complete a release of information for the exchange of information with any of your health care providers.