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Patient Brief History

Patient Name: _____ Date: _____

1. **Reasons for Seeking Treatment**: (Describe your primary concerns or symptoms that have led you to seek treatment)

2. **Past Treatment**: (Describe symptoms that led to your first mental health evaluation, subsequent treatment and dates, names of providers, medications and doses)

3. **Medical History**: (List any medical problems, current primary care physician and other doctors involved in your/your child's care, current medications and doses, supplements, and drug allergies)

4. **Goals of Treatment**: (Describe goals of treatment, including any specific personal, social or work-related goals)