

Jason M. Adams, LPC, NCC

Licensed Professional Counselor • National Certified Counselor
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MEDICAL HISTORY

CLIENT NAME

Last Name

First

Middle

Date of Birth

MEDICAL HISTORY

Current Medications – Please list the medication and purpose

Hospital Admissions – Please list the date(s) and reason

Personal Health History – Describe any health problems you have experienced, including chronic conditions

Family Health History – Describe any health problems experienced by your immediate family, including chronic conditions

Mental Health History – Do you have any close relatives (parents, siblings, grandparents) who have experienced depression, anxiety, or any other mental health or emotional problems? If so, please describe.

SUBSTANCE USE HISTORY

Have you ever used any of the following substances?

Caffeine Currently Past Never Type: _____ Frequency: _____ Amount: _____

Tobacco Currently Past Never Type: _____ Frequency: _____ Amount: _____

Alcohol Currently Past Never Type: _____ Frequency: _____ Amount: _____

Drugs Currently Past Never Type: _____ Frequency: _____ Amount: _____