



Medical Worksheet

This questionnaire will help the doctor to learn about your needs and to better help you. Be as complete as possible. Please answer all of the questions as best you can. If you need more space, please use the back of this page.

1. What is the main concern that brings you to my office today?

2. Please list any medicines that you take, even non-prescription medications.

3. Do you have any allergies to any medications? If so, please list them.

4. Have you ever had any operations as a child? If so, please describe.

5. Have you ever stayed in a hospital overnight? If you have, what was the reason and when?

6. Have you ever seen a psychiatrist or therapist before? If yes, for what reason?

7. Have you ever been in a psychiatric hospital? If yes, please list the reason and when.

8. Please list any medical problems, such as kidney, liver, heart, seizures, or anything else?

9. What is the name of your primary care doctor or clinic?

10. Does anyone in your family suffer from mental illness?

11. Has anybody in the family had psychiatric illness?
