



Renovate Mental

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# PATIENT HEALTH HISTORY

## SOCIAL HISTORY

**Marital Status:**

**Sexual Orientation:**

**Gender Identity:**

**Occupation:**

**Length of time at position:**

**Support System**

| Relationship to you | Name | Age | Gender |
|---------------------|------|-----|--------|
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## MEDICAL HISTORY

**Current Medications/Vitamins/Supplements**

| Medication | Dosage | Directions | Prescriber | Diagnosis |
|------------|--------|------------|------------|-----------|
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**Add Additional medications here:**

**Allergies:**

| Food/Drug | Reaction |
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**Do you have any medical conditions? YES / NO**

**If yes, what conditions?**

**Reproductive History:**

**Do you have children? YES / NO                      If yes, how many:**

**Are you currently sexually active? YES / NO**

**Are you using any hormonal contraceptives? YES / NO**

**If yes, circle one: Pill      Implant      Injection      IUD      Patch**

## PSYCHIATRIC HISTORY

| Diagnosis | Date of Diagnosis |
|-----------|-------------------|
|           |                   |
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### Psychiatric Medication History

| Medication | Dose | Dates | Effective? | Side Effects |
|------------|------|-------|------------|--------------|
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**Are you currently in Therapy? YES / NO**

**If yes, how long have you been in therapy?**

**If yes, how often are you seen?**

**Have you ever been hospitalized for a psychiatric condition? YES / NO**

**If yes:**

| Where | When | Reason |
|-------|------|--------|
|       |      |        |
|       |      |        |
|       |      |        |

**Family History:**

Do any of your family members have a psychiatric condition? YES / NO

If yes,

| Relationship to you | Diagnosis |
|---------------------|-----------|
|                     |           |
|                     |           |
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**SUBSTANCE ABUSE/ADDICTION HISTORY**

| Drug | Quantity | Frequency | Duration | Treatment History |
|------|----------|-----------|----------|-------------------|
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**LEGAL HISTORY**

Please list any convictions, if any:

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**ACADEMIC HISTORY**

| School | Degree/Type | Concentration | Graduated? |
|--------|-------------|---------------|------------|
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## DEVELOPMENTAL HISTORY AND MILESTONES

Birthplace:

Upbringing

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## MILITARY SERVICE

| Branch | Years of Service | Honorable Discharge? |
|--------|------------------|----------------------|
|        |                  |                      |
|        |                  |                      |

## RELIGIOUS OR SPIRITUAL PRACTICES

| Religion | Active? |
|----------|---------|
|          |         |