**CONFIDENTIAL MENTAL HEALTH HISTORY**

Patient Name: _____ DOB: _____ Insurance number: _____

**DIAGNOSIS**

_____

**SYMPTOMS AND CHARACTERISTICS**

_____
_____
_____
_____
_____

**HOSPITALIZATIONS: DATES AND REASONS**

_____
_____
_____
_____
_____

**ARRESTS, INCARCERATIONS, RESTRAINING ORDERS: DATES AND REASONS**

_____
_____
_____
_____
_____

**HOMELESSNESS: DATES AND LOCATIONS, IF KNOWN**

_____
_____
_____

**MEDICATIONS/DRUG USE/OVERDOSES**

_____
_____
_____

**ALLERGIES**

_____

**My Name**: _____; **My relationship to the patient**: _____;
**My phone number**: _____; **My email**: _____