

**McLaren Medical Group  
Psychiatric History**

Who referred you?

- Primary Care Physician
- Family Member
- Friend
- Hospital \_\_\_\_\_
- Other: \_\_\_\_\_

Reason for seeking psychiatric services:

- Anger
- Anxiety
- Depression
- Eating Disorder
- Effects of Trauma
- Grief/Loss
- Hallucinations
- Mood Swings
- Panic Attacks
- Paranoia
- Self Harm
- Substance Abuse
- Suicidal Thoughts
- Other: \_\_\_\_\_

Have you received treatment for mental health issues in the past?  Yes  No

If yes, list where and when: \_\_\_\_\_

List past psychiatric medications you have been prescribed: \_\_\_\_\_

**Family History:**

What was your relationship like with your parents and siblings? \_\_\_\_\_

Did anything traumatic happen when you were a child?  Yes  No

If yes, describe: \_\_\_\_\_

Do you have any children?  Yes  No

Is there any history of abuse and/or neglect with your children?  Yes  No If yes describe:

If yes, describe: \_\_\_\_\_

Patient Name

Date of Birth:

Are there any risk factors for HIV? (unprotected sex, IV drug use, sharing needles etc)  Yes  No

Do you have any sexual dysfunction or concerns?  Yes  No

If yes, describe: \_\_\_\_\_

**Employment History:**

Current Employment : \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Longest Held job: \_\_\_\_\_ Length of Employment there? \_\_\_\_\_

Have there been any past or current difficulties with employment?  Yes  No

If yes, describe \_\_\_\_\_

**Legal Information:**

Are you involved in any active legal cases? (Traffic, civil, criminal)  Yes  No

If yes, describe and indicate the court and hearing /trial dates and charges: \_\_\_\_\_

Are you presently on probation or parole?  Yes  No

**If yes, name of probation or parole agent:**

Are you court ordered for psychiatric treatment?  Yes  No

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date/Time