

Medical Information

Patient Name

Date of Birth

I am requesting medical information in an effort to look at any connections between the problems for which you are seeking help and any current medications or medical conditions.

- Current medical problems or concerns (If you are seeking treatment for an eating disorder, please include any physical symptoms you have noticed.):

- Current medications

<u>Medication</u>	<u>Dosage</u>	<u>Length of time on medication</u>
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- Medication allergies?

- Any hospitalizations relevant to the problem for which you are seeking help?

- Any significant family history for mental health disorders (depression, anxiety, eating disorder, substance abuse, etc.)?

- Previous therapy or dietary dates and provider(s)?