

**ALAMO MENTAL HEALTH GROUP
PATIENT HISTORY**

First Name: _____ Last Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Guardian: _____

Home Address: _____

Telephone number: _____

Reason for visit: _____

Do you have a drug or alcohol abuse problem? _____

Are you currently involved in any lawsuit or custody hearing? _____

Are you applying for or on Disability or FMLA? _____

Medical and Psychiatric History:

Previous Psychiatric Care: _____

Previous Psychiatric Hospitalizations: _____

Current Medications: _____
