

Clatsop Behavioral Healthcare Medical Information

Client Name: _____

Treatment History --

Have you ever received psychological or psychiatric or counseling services before? No Yes

Last psychiatric hospitalization: Date: _____ **Facility:** _____

Have you ever been treated for a substance abuse problem? Yes No

If yes, please list your previous treatment experiences:

Date	Facility / Location	<input type="checkbox"/> MH	<input type="checkbox"/> AD	Voluntary?	Successful?
		<input type="checkbox"/> MH	<input type="checkbox"/> AD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> MH	<input type="checkbox"/> AD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> MH	<input type="checkbox"/> AD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all current medications (Females: Oral contraceptive use?: Y N)

MEDICATION & DOSAGE	CONDITION TREATED	PRESCRIBED BY	Start Date

Client's medical care: From whom or where do you get your medical care?

Client Doctor's name: _____ Phone: _____

Address: _____

When did you last see your physician? _____

Medical History

Have you had any of the following illnesses: (Please Circle)

- | | | | |
|--------------------------|------------------|-----------------------|-------------------------|
| Hepatitis A, B or C | Diabetes I or II | Thyroid Disease | Stomach troubles/Ulcers |
| Heart Disease | Head Injury | High Blood Pressure | Seizures |
| Recent weight loss/ gain | Glaucoma | Loss of consciousness | High Cholesterol |
| HIV / AIDS | Weeping sores | MRSA | Dental Problems |

Please list any drug allergies:

Have you ever been hospitalized? No Yes Last Emergency room visit: _____

Have you ever used mood / mind altering substances? Yes No

- Marijuana Alcohol Methamphetamine Opiates Hallucinogens

Have you ever had difficulties with gambling? No Yes

Have you any pending/current involvement with the Justice system, DHS, Social Security? Yes No