Please state the principle reason you are seeking treatment or a consultation:

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_____. If necessary, continue on another sheet of paper.

Please describe your illness from the time of your first symptom to the present. Provide as many dates, names, and addresses of psychiatrists, psychologists, and/or social workers who have treated you, as you can. Also, please provide the kinds of treatment you have received, including the names of medications and your response to them:

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Medical Problems	
Age of Onset	List all past and present medical problems, as well as any surgeries, accidents, or hospitalizations

Allergies	
Medication	Reactions

Current Medications		
Medication Name	Dosage and Frequency	Prescribing Doctor