

## Patient History

### Education:

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Please indicate highest grade completed; Institution; Degree(s) held

### Employment:

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Employer Name and location

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Current position and how long

### Physical and Emotional Health:

Current Health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

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Any current illness, disorder or injury? If so, specify

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History of illness, disorder or injury? If so, specify

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Date of last medical checkup

Reason

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Results of latest medical checkup

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Current prescription medications and dosage

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Physician Name

Location or phone #

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Prior therapy (therapist and date)

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Reasons for prior therapy

### Family

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Spouse / partner / children (names and ages)

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