

PSYCHOTHERAPY AND PSYCHIATRIC MEDICATION HISTORY

PRESENT PSYCHOTHERAPY

1. Are you currently participating in psychotherapy?
 1. No (skip to question #8).
 2. Yes

2. How long have you been involved in this psychotherapy?
 _____ yrs / _____ mths / _____ wks

3. How many sessions have you attended so far in this psychotherapy? _____

4. If you are currently in psychotherapy, would you characterize it as: (Please circle **one**)
 1. Individual therapy (just yourself and the therapist)
 2. Couples therapy (you and your partner with therapist)
 3. Group therapy
 4. A support group led by professional therapist(s)
 5. A support group led by lay therapist(s) or that is self-help
 6. Other:
(please specify) _____

5. If known, what is the approach of your psychotherapy?
 1. Psychoanalytic
 2. Behavioral
 3. Humanistic
 4. Gestalt
 5. Cognitive-Behavioral
 6. Eclectic
 7. Not Sure
 8. Other:
(please specify) _____

CURRENT PSYCHIATRIC MEDICATIONS

6. Are you currently receiving any psychiatric medications?
 1. No (skip to question #10)
 2. Yes

7. Please describe the psychiatric medication(s) you are taking currently:

	<u>Name of Medication</u>	<u>Dose</u>	<u># of times taken each day</u>	<u>Taken since Month/Year</u>
1.	_____	_____	_____	____/____
2.	_____	_____	_____	____/____
3.	_____	_____	_____	____/____
4.	_____	_____	_____	____/____
5.	_____	_____	_____	____/____

PAST PSYCHOTHERAPY

8. Have you participated in psychotherapy before (other than current treatment)?
1. No (skip to question #16)
 2. Yes

9. When did this psychotherapy start/end?

	Started			Ended			Total number of sessions
	Month	Date	Year	Month	Date	Year	
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

10. Have you participated in any of the following kinds of psychotherapy in the past?

(Circle **all** that apply)

1. Individual therapy (just yourself and the therapist)
2. Couples therapy (you and your partner with therapist)
3. Group therapy
4. A support group led by professional therapist(s)
5. A support group led by lay therapist(s) or that is self-help
6. Other:
(please specify) _____

11. If known, what was the approach of your psychotherapy? (Circle **all** that apply)

1. Psychoanalytic
2. Behavioral
3. Humanistic
4. Gestalt
5. Cognitive-Behavioral
6. Eclectic
7. Not Sure
8. Other:
(please specify) _____

PREVIOUS PSYCHIATRIC MEDICATIONS

12. Please describe psychiatric medication(s) you have taken in the past:

	<u>Name of Medication</u>	<u>Dose</u>	<u># of times taken each day</u>	<u>Taken since Month/Year</u>
1.	_____	_____	_____	____/____
2.	_____	_____	_____	____/____
3.	_____	_____	_____	____/____
4.	_____	_____	_____	____/____
5.	_____	_____	_____	____/____