

Have you experienced any adverse reactions to medications? Please list the medication and the reaction.

Medication	When taken?	Adverse Reaction

List psychotropic medications you have taken in the past

Medication	When taken?	Reason you discontinued the medication

List any hormone treatment you are presently taking

Hormone	Date started	Reason

If you have received outpatient psychotherapy in the past, please list the names of those who have provided the service.

Psychotherapist	Dates Seen	Diagnosis

If you have received inpatient treatment in the past for psychiatric or psychological treatment, list the location and dates of the treatment.

Hospital	Dates of hospitalization	Diagnosis
