Key life events

• For each time period list important life events, accomplishments, illnesses, transitions, stressors, etc.

transitions, stressors, etc.						
Birth – 2						
Age 3-5						
nge 5-5						
4 (10						
Age 6-12						
Age 13-18						
_						
Age 19-25						
1190 17 20						
Age 26-35						
Age 20-33						
A = = 26.50						
Age 36-50						
Age 51-65						

Family History

Name	Age ¹	Occupation ²	List all major illnesses, including psychiatric, neurologic, alcohol or drug abuse, suicide and suicide attempts
Mother			
Father			
Brothers			
Sisters			
Your children			
Grandparents,			
uncles, aunts			

¹ Or if deceased, age of death. ² Or if deceased, cause of death.

Medication History

Please complete the following information regarding medications that you have tried in the past for treatment of depression, anxiety, mood swings, sleep problems or any other psychiatric symptom.

Medication	Dates taken	Reason prescribed	Effect	Reason for stopping
Example: Prozac	1/05 – 9/05	Depression	Mild improvement of depression	Weight gain or stopped working