

PSYCHIATRIC HISTORY FORM

Section	Details
Demographic Information	
Name	
Age	
Gender	
Occupation	
Marital Status	
Chief Complaint	
Presenting Issue	
Duration of Symptoms	
Severity	
Medical History	
Past Psychiatric History	
Medical Conditions	
Substance Use	
Family Psychiatric History	
Family History	
Substance Use in Family	
Social History	
Living Situation	
Education	
Social Support	
Legal Issues	
Psychosocial Functioning	
Employment Status	
Relationships	
Daily Activities	
Treatment History	
Current Medications	
Previous Treatments	
Diagnosis	
Primary Diagnosis	
Secondary Diagnosis	
Plan	
Treatment Goals	
Proposed Interventions	