NAME _____

Maureen R. Johnston, MFT
1101 S. Winchester Blvd., #A-101, San Jose CA 95128

PHYSICAL HEALTH HISTORY

ETHNIC/RACIAL IDENTITY _____ IF NOT BORN IN THE US, AT WHAT AGE DID YOU ARRIVE _____

PRIMARY DOCTOR _____ PHONE # _____

DATE OF LAST VISIT _____

May I exchange pertinent treatment information with your doctor? _____

PSYCHIATRIST _____ PHONE # _____

DATE OF LAST VISIT _____

May I exchange pertinent treatment information with your psychiatrist? _____

Health issues I should be aware of _____

Were you adopted? _____ If so, at what age? _____

MEDICATIONS (list dosages, and why you take them, please include over the counter meds)

_____

PAST MAJOR ACCIDENTS/INJURIES	WHEN	MAJOR ILLNESSES/OPERATIONS	WHEN
_____		_____	
_____		_____	
_____		_____	

Do you take any over the counter medications? (for example to help you sleep, stay awake, suppress appetite, combat headaches, etc.)	yes	no
Have you ever used laxatives or enemas?	yes	no
Do you have frequent bouts of acid indigestion, stomach upset?	yes	no
Do you get severe headaches?	yes	no
Do you see a chiropractor or acupuncturist?	yes	no
Do you have recurring pain anywhere?	yes	no

For boys only - # of children you have fathered _____

For girls only - Do you experience mood changes before or during your menstrual period?	yes	no
For girls only - Have you started having periods?	yes	no
For girls only - Have you had problems with your periods? (irregular, severe bleeding)?	yes	no

For girls only - # of pregnancies _____ # of live births _____ # of miscarriages, still-births, abortions _____
# of children put up for adoption _____

SIGNATURE _____ DATE _____

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