

Mental Health History Interview Sheet

Personal Information

Full Name

Date of Birth

Gender

Phone

Address

Presenting Complaints

Describe your current concerns or symptoms:

Psychiatric History

Have you been diagnosed with any mental health condition(s)? If yes, please describe:

Previous psychiatric treatments (medications, therapy, hospitalization, etc.):

Medical History

Do you have any medical conditions? If yes, please specify:

Current medications (include dose and frequency):

Family Psychiatric History

Any family history of mental illness? If yes, please indicate relationship and condition:

Substance Use

Do you use alcohol, tobacco, or other substances? If yes, specify type, frequency, and amount:

Social & Occupational History

Current occupation or schooling:

Describe your social support system:

Current living arrangement:

Additional Notes

Other relevant information: