

Depression and Anxiety Disorders

If your client has a history of a mood or anxiety disorder, please answer the following:

1. Please provide the diagnosis: _____
2. Please indicate date(s) of episode(s): _____
3. Is your client on any medications?
yes, please give details _____
no
4. Does your client have a history of substance abuse (alcohol or drugs)?
yes, please give details _____
no
5. Has your client been hospitalized, required ECT, been seen in the emergency room, or been on disability for psychiatric symptoms or treatment?
yes, please give dates: _____
no
6. Has your client smoked cigarettes in the last 12 months?
yes
no
7. Does your client have any other major health problems (ex: cancer, etc.)?
yes, please give details _____
no