NEWVITA neurotherapy

Client History

Name: _____Date: _____

Age:_____ Sex:_____ Date of Birth:_____

Marital Status: ☐Single ☐Married ☐Widowed ☐Separated ☐Divorced ☐Unmarried Couple

MEDICAL HISTORY:

Name of Family Physician:_____Phone #_____

Height: _____Weight: _____Date of last visit: _____

Allergies food/medication: _____

_____

Do you have any of the following: Check all that apply

☐ Heart Palpitations	☐ Seizures	☐ Head Injury	☐ Muscle pain/weakness
☐ Chest Pains	☐ Fainting Spells	☐ Migraines	☐ Blood pressure low/high
☐ Shortness of Breath/Asthma	☐ Black outs	☐ Epilepsy	

Sleeping Habits: ☐Difficulty Falling Asleep ☐Insomnia ☐Restless ☐Early morning waking ☐Nightmares

Do you have or have you had any eating disorders? ☐ Yes ☐No

Do you smoke cigarettes? ☐Yes ☐ No If yes, how much per day? _____

Do you drink alcohol? ☐Yes ☐ No If yes, how much per day? _____

Illegal Drug Use? ☐Yes ☐ No If yes, how often? _____

Medications:

Medication	Dose	Frequency	Reason

Psychiatric History

Do you have any of the following or had in the past? Had a diagnosis of:

☐ Depression ☐ Anxiety ☐ Trauma ☐ schizophrenia ☐ Bipolar Disorder ☐Panic Attacks
☐ Postpartum Depression ☐Anorexia ☐ Binge Eating Disorder☐ Bulimia
☐ Obsessive-Compulsive Disorder ☐Attention Deficit Disorder ☐ Autism

Name: _____ DOB: _____

Is there a family history of Mental Illness: ☐ Yes ☐ No If yes, please explain _____
_____

Have you ever been admitted as an inpatient for psychiatric purposes? ☐Yes ☐ No If yes, please explain.
_____
_____
_____

EDUCATIONAL HISTORY: Indicate your highest level of education:

☐Grade School	_____ Number of years completed
☐High School	_____ Number of years completed
☐College	_____ Number of years completed
☐Advanced Degree	Area of study: _____

JOB PERFORMANCE:

Has your employer or supervisor every expressed any of the following concerns to you? (check all that apply)

☐ Missing too much work	☐ Assigned tasks not completed	☐ Irresponsibility
☐ Poor/bad attitude	☐ Difficulty getting along with others	☐ Late too often
☐ Attitude/behavior change	☐Difficulty getting along with supervisors	☐ Increasing errors

MILITARY HISTORY:

Have you ever served in the military service? ☐ Yes ☐ No
Did you ever serve in combat? ☐ Yes ☐ No

LEGAL HISTORY:

Do you have any legal action now pending? ☐ Yes ☐ No
If yes, please explain: _____
_____
Are you currently on probation and or parole? ☐ Yes ☐ No
If yes, please describe: _____
_____

LEISURE RECREATIONAL INTEREST & HOBBIES:

Would you consider your life as:

Work Oriented	☐ Yes ☐ No	Family Oriented	☐ Yes ☐ No
Self Oriented	☐ Yes ☐ No	People Oriented	☐ Yes ☐ No
Leisure Oriented	☐ Yes ☐ No	Recreational Oriented	☐ Yes ☐ No

_____
Do you exercise on a regular basis? ☐ Yes ☐ No ☐ 1-2 times weekly ☐ 3-4 times weekly
Do you have physical limitations that prevent exercise or physical activity: ☐ Yes ☐ No
If yes, please describe: _____