

STACI R. JOHNSON, M.D.

"OUR SEASONS"

15338 Central Ave. Suite #103  
Chino, CA 91710

(909)742-9724

**MEDICAL & MENTAL HEALTH HISTORY**

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ ☐ FEMALE ☐ MALE

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREFERRED CONTACT: ☐ HOME ☐ CELL ☐ WORK ☐ EMAIL

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

SSN: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT:

NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

MAJOR CONCERNS THAT LEAD YOU TO SEEK TREATMENT:

\_\_\_\_\_

IS YOUR REASON FOR SEEKING TREATMENT RELATED TO AN ACCIDENT, INJURY OR COURT RELATED? ☐ NO

☐ YES: EXPLAIN \_\_\_\_\_

RECENT STRESSORS (WITHIN LAST 2YRS.):

- ☐ ENGAGEMENT/MARRIAGE ☐ SEPARATION/DIVORCE ☐ CHILDREN AT HOME  
☐ RELATIONSHIP DIFFICULTY/BREAKUP ☐ DEATH OF FAMILY/FRIEND  
☐ POOR HEALTH/INJURY ☐ SEXUAL DIFFICULTY  
☐ CHANGE IN SCHOOL/WORK/RESIDENCE ☐ FINANCIAL/LEGAL DIFFICULTY

PREVIOUS PSYCHIATRIC OR PSYCHOLOGICAL HISTORY: ☐ NO ☐ YES:

NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

EXPERIENCE: ☐ POSITIVE ☐ NEUTRAL ☐ LIMITED ☐ NEGATIVE

HOSPITALIZATION: ☐ NO ☐ YES:

FIRST/LAST DATES \_\_\_\_\_ TOTAL: \_\_\_\_\_

CURRENTLY RECEIVING REGULAR MEDICAL CARE FROM PHYSICIAN/CLINIC:

☐ NO ☐ YES: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**MEDICAL & MENTAL HEALTH HISTORY CONT.**

CURRENT

MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATION

ALLERGY: ☐ NO / NKDA ☐ YES: \_\_\_\_\_

GENERAL HEALTH: ☐ EXCELLENT ☐ FAIR ☐ POOR

CENTRAL NERVOUS SYSTEM: ☐ EPILEPSY / SEIZURES ☐ MIGRAINES / HEADACHES  
☐ FAINTING ☐ DIZZINESS ☐ HEAD INJURY  
☐ LOSS OF CONSCIOUSNESS ☐ MULTIPLE SCLEROSIS  
☐ PARKINSON'S DISEASE ☐ HUNTINGTON'S DISEASE  
☐ WILSON'S DISEASE ☐ TOURETTE'S DISEASE  
☐ RHEUMATIC FEVER ☐ OTHER: \_\_\_\_\_

CARDIOVASCULAR SYSTEM: ☐ HEART DISEASE ☐ HEART FAILURE ☐ ARRHYTHMIA  
☐ CHEST PAIN / ANGINA ☐ HEART ATTACK / MI  
☐ HYPERTENSION / HIGH BLOOD PRESSURE  
☐ STROKE ☐ ANEURYSM ☐ BLOOD CLOTS  
☐ BLEEDING DISORDER ☐ ANEMIA  
☐ ELEVATED CHOLESTEROL ☐ OTHER: \_\_\_\_\_

RESPIRATORY SYSTEM: ☐ ASTHMA ☐ EMPHYSEMA ☐ TUBERCULOSIS  
☐ OTHER: \_\_\_\_\_

DIGESTIVE SYSTEM: ☐ REFLUX DISEASE ☐ PEPTIC ULCER ☐ COLITIS  
☐ NAUSEA / VOMITING ☐ IRRITABLE BOWEL DISEASE  
☐ LIVER PROBLEMS ☐ HEPATITIS ☐ SWELLING  
☐ CHANGES IN APPETITE / EATING HABITS  
☐ OTHER: \_\_\_\_\_

URINARY SYSTEM: ☐ KIDNEY DISEASE ☐ KIDNEY STONES  
☐ INCONTINENCE ☐ OTHER: \_\_\_\_\_

ENDOCRINE SYSTEM: ☐ DIABETES ☐ THYROID PROBLEMS ☐ EXCESSIVE  
THIRST ☐ HORMONAL PROBLEMS ☐ OTHER: \_\_\_\_\_

HEARING / VISUAL SYSTEM: ☐ HEARING PROBLEMS ☐ BLURRY VISION  
☐ GLAUCOMA ☐ CATARACTS ☐ CORRECTIVE LENS  
☐ OTHER: \_\_\_\_\_

DERMATOLOGICAL SYSTEM: ☐ LUPUS ☐ PSORIASIS ☐ ECZEMA ☐ ACNE

INFECTIOUS / OTHER: ☐ LYME DISEASE ☐ HIV ☐ CANCER  
☐ SURGERY ☐ TRAUMA ☐ OTHER: \_\_\_\_\_

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**MEDICAL & MENTAL HEALTH HISTORY CONT.**

LAST PHYSICAL EXAM: \_\_\_\_\_ LAB WORK \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BMI: \_\_\_\_\_

EXERCISE/ACTIVITY LEVEL: ☐ REGULARLY ☐ OCCASIONALLY ☐ RARELY ☐ NEVER

GENERAL FOOD DIET: ☐ VERY HEALTHY ☐ FAIRLY HEALTHY ☐ NOT HEALTHY

**SOCIAL:**

RELATIONSHIP STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

CHILDREN : ☐ NO ☐ YES: AGES: \_\_\_\_\_

EMPLOYED: ☐ NO ☐ YES POSITION: \_\_\_\_\_

STUDENT: ☐ NO ☐ YES

**EDUCATION:**

HIGHEST GRADE COMPLETED: \_\_\_\_\_

SPECIAL EDUCATION: ☐ NO ☐ YES REASON: \_\_\_\_\_

MILITARY EXPERIENCE: ☐ NO ☐ YES: BRANCH/DISCHARGE \_\_\_\_\_

**RELATIONSHIPS:**

FAMILY: ☐ POSITIVE ☐ NEUTRAL ☐ PROBLEMATIC

CONTACT: ☐ REGULAR ☐ OCCASIONAL ☐ INFREQUENT ☐ NEVER

FRIENDS: ☐ NO CLOSE FRIENDS ☐ FEW ☐ MANY

CONTACT: ☐ REGULAR ☐ OCCASIONAL ☐ INFREQUENT ☐ NEVER

ROMANTIC RELATIONSHIP: ☐ NO ☐ YES

STATUS: ☐ POSITIVE ☐ NEUTRAL ☐ PROBLEMATIC

TRAUMA: ☐ PHYSICAL ☐ SEXUAL ☐ EMOTIONAL

ARE YOU ABLE TO TALK TO OTHERS ABOUT THE CONCERNS THAT BRING YOU INTO  
THERAPY? ☐ YES ☐ NO

LIVING SITUATION: ☐ ALONE ☐ WITH OTHERS

OVERALL LIFE SATISFACTION: ☐ PLEASED ☐ MOSTLY SATISFIED ☐ MIXED

☐ MOSTLY DISSATISFIED ☐ UNHAPPY

LEGAL CONCERNS: ☐ PROBATION ☐ PAROLE ☐ OTHER

HOBBIES/RECREATIONAL: \_\_\_\_\_

CURRENTLY USING: ☐ CAFFEINE ☐ TOBACCO ☐ ALCOHOL ☐ MARIJUANA

☐ COCAINE ☐ HEROIN ☐ METHAMPHETAMINE ☐ PCP

☐ LSD/MUSHROOMS ☐ ECSTASY ☐ OTHER DRUGS: \_\_\_\_\_

☐ VITAMINS ☐ HERBS ☐ ASPIRIN ☐ LAXATIVE ☐ DIURETICS

**FEMALES ONLY:**

MENSTRUAL CYCLE: ☐ YES ☐ NO LAST CYCLE: \_\_\_\_\_

☐ REGULAR ☐ IRREGULAR BIRTH CONTROL: ☐ NO ☐ YES: \_\_\_\_\_

MENOPAUSE: ☐ YES HORMONAL REPLACEMENT: ☐ NO ☐ YES: \_\_\_\_\_

**FAMILY HISTORY:**

PHYSICAL MEDICAL CONDITIONS: \_\_\_\_\_

MENTAL HEALTH ISSUES: \_\_\_\_\_

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**MENTAL HEALTH ISSUES**

- ☐ DEPRESSION ☐ ANXIETY ☐ PANIC ATTACKS ☐ OBSESSIVE-COMPULSIVE  
☐ PHOBIAS ☐ FLASHBACKS ☐ NIGHTMARES ☐ TRAUMATIC EXPERIENCE  
☐ HALLUCINATIONS (AUDITORY/VISUAL) ☐ PARANOID IDEATIONS  
☐ DETACHED FROM REALITY ☐ IRRITABILITY ☐ ENERGY CHANGES  
☐ IMPULSIVITY ☐ UNWANTED REPETITIVE THOUGHTS ☐ APPETITE CHANGES  
☐ SLEEP CHANGES ☐ RAPIDLY CHANGING MOOD ☐ POOR ATTENTION  
☐ MEMORY CHANGES ☐ GUILT/SHAME ☐ RISKY BEHAVIOR  
☐ EATING DISORDER (ANOREXIA/BULIMIA)  
☐ SUICIDAL IDEATIONS ☐ SUICIDAL ATTEMPT ☐ VIOLENT BEHAVIOR

**MEDICATION HISTORY:** ☐ NONE

- ☐ LEXAPRO/ESCITALOPRAM ☐ CELEXA/CITALOPRAM ☐ PROZAC/FLUOXETINE  
☐ ZOLOFT/SERTRALINE ☐ PAXIL/PAROXETINE ☐ WELBUTRIN/BUPROPION  
☐ REMERON/MIRTAZAPINE ☐ EFFEXOR/VENLAFAXINE  
☐ CYMBALTA/DULOXETINE ☐ LYRICA/PREGABALIN ☐ PRISTIQ/DESVENLAFAXINE  
☐ ANAFRANIL/CLOMIPRAMINE ☐ NORPRAMIN/DESIPRAMINE  
☐ PAMELOR/NORTRIPTYLINE ☐ ELAVIL/AMITRIPTYLINE  
☐ TRAZADONE/DESYREL ☐ PARNATE ☐ MARPLAN ☐ NARDIL  
  
☐ SEROQUEL/QUETIAPINE ☐ ZYPREXA/OLANZAPINE ☐ RISPERDAL/RISPERIDONE  
☐ INVEGA/PALIPERIDONE ☐ ABILIFY/ARIPIPAZOLE ☐ GEODON/ZIPRASIDONE  
☐ LATUDA/LURASIDONE ☐ SAPHRIS/ASENAPINE ☐ CLOZAPINE CLOZIL  
☐ HALDOL/HALOPERIDOL ☐ PROLIXIN/FLUPHENAZINE  
☐ TRILAFON/PERPHENAZINE ☐ NAVANE/THIOTHIXENE ☐ MELLARIL/THIORIDAZINE  
☐ STELAZINETRIFLUOPERAZINE ☐ THORAZINE/CHLORPROMAZINE  
  
☐ BUSPAR/BUSPIRONE ☐ NEURONTIN/GABAPENTIN  
☐ LAMICTAL/LAMOTRIGINE ☐ TOPAMAX/TOPIRAMATE  
☐ TRILEPTAL/OXCARBAZEPINE ☐ TEGRETOL/CARBAMAZEPINE  
☐ DEPAKOTE/VALPROIC ACID ☐ LITHIUM  
  
☐ XANAX/ALPRAZOLAM ☐ KLONOPIN/CLONAZEPAM ☐ ATIVAN/LORAZEPAM  
☐ RESTORIL/TEMAZEPAM  
  
☐ AMVIEN/ZOLPIDEM ☐ SONATA/ZALEPLON ☐ ROZAREM/RAMELTEON  
☐ LUNESTA/ESZOPICLONE

☐ RITALIN ☐ CONCERTA ☐ DEXEDRINE ☐ FOCALIN ☐ ADDERALL ☐ PROVIGIL ☐ NUVIGIL  
INITIAL HERE TO INDICATE UNDERSTANDING

AND ACCEPTANCE OF THIS PAGE: \_\_\_\_\_

DATE: \_\_\_\_\_