

ADVANCED BEHAVIORAL CENTERS OF DUPAGE

Terrace Executive Center
1 S. 376 Summit Ave., Court D, Unit 5B
Oakbrook Terrace, IL 60181
Physicians: (630) 629-6550
FAX: (630) 629-6558

Hinsdale Professional Office Center
501 W. Ogden Ave., Suite 1
Hinsdale, IL 60521
Therapists: (630) 986-0599
Fax: (630) 986-1477

Medical History

Have you ever been treated or evaluated by a psychiatrist, psychologist, or therapist?

Yes No

If yes, list names and dates treated

Do you currently use substances or have you used any illicit substances in the past?

If yes, have you received treatment for chemical dependency before? (Please explain)

Have you ever had any surgical procedures? Yes No

If yes, what surgeries, when and why: _____

Have you ever had any injuries such as broken bones, head injuries etc.? Yes No

If yes, please describe:

Have you ever had any medical problems of any type? Yes No

If yes, please explain:

When was your last visit with a Primary Care doctor/internist? _____

When did you last have labs (blood work) performed? _____

When was your last dental visit? _____

Do you have any allergies (including allergies to medications)? Yes No

If yes, please describe:

MEDICATIONS

Please list any current medications (prescription or over the counter), vitamins, or herbal remedies that you regularly use:

FAMILY HISTORY

Has any biological relative been diagnosed with any psychiatric disorder? Please list the relation, Father, Mother, Aunt, etc. and the disorder.

Examples include: Anxiety Disorder, Depression, Bipolar Disorder, Manic Depression, Attention-Deficit/Hyperactivity Disorder (ADHDS/ADD), Obsessive Compulsive Disorder, Schizophrenia, Developmentally Disabled or Retarded, Alzheimer's Disease or Dementia, Motor Tics, Tremors, or Tourette's Disorder:

Has any biological relative ever committed suicide? _____

Has any biological relative had a problem with alcohol or drug abuse? Please list the relation, Father, Mother, Aunt, etc. and the substance abused.

Has any biological relative had a learning disability? _____

Is there any family history of neurologic disorders or other medical conditions (e.g., cardiovascular disease, etc)?

SOCIAL HISTORY

What is your occupation? _____

What is your ethnicity? _____

What is your primary language? _____

Second language (if any)? _____

What is your educational background?

Elementary School GED High School Graduate

Some College College Graduate Graduate Degree-Masters Degree, Ph.D., M.D., J.D., etc.

Who currently lives in your home with you?

Briefly describe what brings you in today?

Anything you wish to clarify:
