



## Mental Health Information

Do you have any psychiatric / mental health diagnosis?    If so, please list.

How do your psychological issues interfere with your life?

Are you seeing a **psychiatrist**?    yes                       no

If yes, please give name & phone: \_\_\_\_\_

Are you currently taking **psychotropic medication**?     yes     no                      If yes, please list:

<u>Name</u>	<u>Dosage (in mg)</u>	<u>Frequency</u>	<u>Start Date</u>
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