

26 Court Street
Suite 502
Brooklyn, NY 11242

917-342-2680
josephholmgrenmd.com
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Name:

For what problem(s) are you seeking help?

Are there any specific requests or suggestions you have regarding your medications?

Are you currently taking any medications? If so, please list them here.

Have you seen a psychiatrist in the past, and if so, when was that and what problems were you experiencing?

Have you been diagnosed with any specific psychiatric conditions in the past, and if so, what were they?

Please list any blood relative and their relationship to you if they have been treated or hospitalized for any mental/behavioral problems. Please describe below.

Have you taken any psychiatric medications in the past? If so, please list medications, doses, dates taken, and the effects or side effects.

Have you ever been psychiatrically hospitalized? If so, when and where?

Do you have any medical problems?

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Have you ever had a problem with drugs or alcohol?

Have you ever attempted suicide, and if so did you require medical attention?

Have you ever assaulted anyone else? If so, when and where?

Have you ever been arrested? If so, when and where?