

ClearPath Psychiatry & Counseling

Behavioral Health History

What is the primary reason for seeking treatment today?

Have you previously received mental health treatment (therapy or psychiatry)? ☐ Yes ☐ No

If yes, please provide details (Provider, Dates, Reason):

Have you ever been hospitalized for mental health reasons? ☐ Yes ☐ No

If yes, please provide dates and locations:

History of substance use (Alcohol, Tobacco, Recreational Drugs):

Family history of mental health conditions:
