



# BECKER, UDELFF & ASSOCIATES

Professional Psychological Services

Chagrin-Brainard Building  
28001 Chagrin Boulevard, Suite 212  
Woodmere, OH 44122  
(216) 292-7170  
(216) 292-7182 Fax

## MEDICAL HISTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

List any allergies you have: \_\_\_\_\_ None: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Physician Phone Number: (\_\_\_\_) \_\_\_\_\_ Physician E-Mail \_\_\_\_\_

Physician Address: \_\_\_\_\_  
Address City State Zip

Date of your most recent physical examination: \_\_\_\_\_

List all current medication(s) and dosages:

Name of Medication	Dosage	Name of Prescribing Doctor	When did you start taking it?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all current or past health problems, and any major operations:

Current	Past
_____	_____
_____	_____
_____	_____
_____	_____

List all therapists you have seen and dates you saw them:

_____
_____
_____

List any substance abuse treatment or inpatient psychiatric treatment you have had and the dates:

_____
_____
_____