



David Udelf & Associates

Psychological Services

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MEDICAL HISTORY

Name: _____ Date: _____

List Allergies that you have: _____ None: _____

Primary Care Physician: _____

Physician Phone: (____) _____

Physician Address: Street _____ City _____ State ____ Zip _____

Date of your most recent physical examination: _____

List all current medication(s) and dosages:

<i>Medication</i>	<i>Dosage</i>	<i>Prescribing Doctor</i>	<i>When did you start taking</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all current and past health problems and major surgeries/procedures:

<i>Current</i>	<i>Past</i>
_____	_____
_____	_____
_____	_____
_____	_____

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

_____	_____
_____	_____
_____	_____

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

East Side Location
The Darwood Building
23360 Chagrin Boulevard
Suite 110
Beachwood, OH 44122

West Side Location
King James Office Park
24500 Center Ridge Road
Building 4, Suite 250
Westlake, OH 44145