

# Patient History

Stacy L. Siegel, M.D.

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

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

1. List **All Current Medications** -  
(prescription and non-prescription).

4. List any **Allergies to Medications**

2. List all **Active Medical Conditions and Past Surgeries**.

5. **Past Psychiatric History**  
(include dose, duration of therapy and outcome).

3. List your **Treating Physicians**.

6. **Family Psychiatric History**.

7. List **other pertinent information** on a separate page.