Alden Mental Health
Counseling Wellness, PLLC

PHONE (716) 937-3300
FAX (716) 937-3304
ADDRESS 11901 Broadway St. Alden, NY 14004
INFO www.AldenCounseling.com

MEDICAL FORM

PATIENT'S NAME _____ DATE _____

PAST MEDICAL HISTORY

Do you now or have you ever had:

❑ Diabetes	❑ Heart murmur	❑ Crohn's disease
❑ High blood pressure	❑ Pneumonia	❑ Colitis
❑ High cholesterol	❑ Pulmonary embolism	❑ Anemia
❑ Hypothyroidism	❑ Asthma	❑ Jaundice
❑ Goiter	❑ Emphysema	❑ Hepatitis
❑ Cancer (type) _____	❑ Stroke	❑ Stomach or peptic ulcer
❑ Leukemia	❑ Epilepsy (seizures)	❑ Rheumatic fever
❑ Psoriasis	❑ Cataracts	❑ Tuberculosis
❑ Angina	❑ Kidney disease	❑ HIV / AIDS
❑ Heart problems	❑ Kidney stones	

Explanation of Medical Problems: _____

_____

_____

_____

Allergies: _____

_____

_____

History of Pregnancies (please include miscarriages / abortions): _____

_____

_____

Date of Last Physical _____

MEDICATIONS

Current Medications	Dosage	Frequency	Doctor

Family Medical Concerns _____

_____

_____

Hospitalizations / Dates _____

_____

_____

MENTAL HEALTH HISTORY

Problem	Provider	Treatment	Year

Family Mental Health History _____

_____

_____

Alcohol / Drug History _____

_____

_____