

Deisy Cristina Boscán, Ph.D., A Professional Corporation
 7590 Fay Avenue, Suite 401
 La Jolla, CA 92037
 Phone: 858-263-4226 Fax: 858-263-4206

PATIENT INFORMATION AND HEALTH HISTORY							
<i>All questions contained in this questionnaire are strictly confidential and will become part of your medical record.</i>							
Patient Name: <i>(Last, First, MI)</i>			<input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth: (MM/DD/YYYY)		
Patient's Address:							
Street:		City:		State:		Zip:	
Home Phone:		Message OK? Y / N		Email Address:			
Work Phone:		Message OK? Y / N					
Cell Phone:		Message OK? Y / N					
Patient's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced							
Presenting Problem(s) & Medical History							
Condition:		Yes		No		Comments	
Condition:		Yes		No		Comments	
Depression						Illegal Drug Use or Addiction	
Anxiety						Psychosis	
Emotional Problems						Schizophrenia	
Relationship Problems						Heart Trouble	
Bipolar Disorder						Diabetes	
Suicidal Thoughts						Cancer	
Sexual Abuse						Stroke	
Physical Abuse						Brain Injury	
Alcohol Abuse						Seizure Disorder	
Other Comments:							
List your prescribed drugs and over-the-counter drugs (including vitamins and inhalers)							
Name of Drug & Dosage:			Taken for:			Date Started:	
Surgeries/ Other Hospitalizations							
Year:			Description:			Hospital:	
Primary Care Physician (PCP):						Phone:	
Referring Physician:						Phone :	
Psychiatrist:						Phone:	
Emergency Contact: <i>(Name, Relationship)</i>						Phone:	