

Cynthia Robles MFT
Licensed Marriage and Family Therapist

Medical History

List current medications and dosages:

List any known allergies and / or adverse reactions to medications:

Describe the presenting problem briefly:

Please describe any history of mental health problems in you family:

Please report any history of psychiatric hospitalizations (name of hospital, length of stay, and dates.)

Describe any outpatient mental health history:

Describe any history of Drug/Alcohol use (type, amount, frequency, duration)

Describe how use affects specific areas of functioning:

Describe any drug or alcohol rehabilitation programs in your history:

Attorney: _____ Phone _____

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