

Durango Counseling and Touch Therapies

Anna Freeman, MA.

Medical and Health History

Name:

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List any allergies you have

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Primary Care Doctor

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Please list all current medications, dosages and prescribing physician:

Please list any past or current health problems:

List any substance abuse treatment or inpatient treatment you have had, please include dates:

Please indicate which of these substances you are currently using, amount used and how often:

Cigarettes:
Pills (not prescribed to me):
Cocaine/ Crack:
Heroin:
Alcohol:
Marijuana:
LSD:
Meth:
Others:

What kind of problem brings you to counseling?