

Worksheet 14-4 Important Information for My Healthcare Provider

1. Describe your emotional symptoms (see Chapter 1 for ideas).

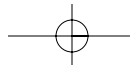
2. About how long have these symptoms been occurring, and how frequently do they appear? Have you had these feelings in the past?

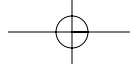
3. Describe how severe your symptoms have been and how they have impacted your life. Be sure to discuss if you've had thoughts about harming yourself or others.

4. Describe any significant changes that have recently occurred in your life. Include deaths, job changes, divorces, injuries, retirement, or financial upheaval.

5. Describe any physical symptoms you've been experiencing (see Chapter 1 for ideas).

6. Describe the frequency and severity of your physical symptoms and how long you've experienced them.





7. List illnesses you've had recently and any medications (and their dosages) that you're currently taking. Include any chronic conditions you're being treated for, including high blood pressure, diabetes, kidney or liver disease, or asthma. Don't forget to mention birth control pills.

8. Do you have a family history of significant emotional problems? Include mental health information for any close relatives.

9. List any herbs, supplements, vitamins, or over-the-counter medications that you take.

10. Write down your current and past use of cigarettes, alcohol, and drugs. Include frequency and amounts.

11. List your allergies. Have you had any bad reactions to any medications, herbs, or foods in the past?

12. Are you pregnant, planning to get pregnant, or breastfeeding?

