



HEALTH QUESTIONNAIRE

1. Are you currently experiencing depression? **Y/N**
2. Are you currently experiencing anxiety? **Y/N**
3. Are you on any contracts for safety? **Y/N**
4. Do you have a history of self-mutilation? **Y/N**
5. Do you have a history of suicide attempts? **Y/N**
6. Do you have a history of psychiatric treatment? **Y/N**
7. Do you have a history of seizures? **Y/N**
8. Do you have a history of violence? **Y/N**
9. Are you taking Gabbapentin/Neurotin? **Y/N**

PRINT NAME _____

SIGNATURE _____

DATE _____