



**HISTORY OF ANXIETY, DEPRESSION, BIPOLAR, MANIC DISORDER**

**What was the specific diagnosis and when was it given?**

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**Has this been diagnosed as Mild, Moderate, Severe, Situational or other?**

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**Any history of in-patient treatment? If so, when and for how long?**

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**Any history of electroconvulsive shock therapy? If so, when?**

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**Are you seeing a therapist? If so, how often?**

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**Please provide all current medications, dosages and stability period for both medication and dosage for this condition**

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**Any cognitive issues (such as memory loss, confusion, paranoia, disorientation, etc.)?**

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**Are you receiving any kind of disability?**

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**Any history of drug or alcohol abuse? If so, please provide details.**

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**Any history of Fibromyalgia, Chronic Fatigue Syndrome or Connective Tissue Disease?**

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**Any additional concerns and/or information you can provide regarding this history?**

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