

**Psychotherapy Services of CT, L.L.C.**

Vernon, CT 06066  
Phone: (860) 647-8995  
Fax: (860) 647-6930

**Medical Information**

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Prescribing Physician:**

**Primary Care Physician** \_\_\_\_\_

**Psychiatrist** \_\_\_\_\_

**Medical History:**

\_\_\_\_\_  
\_\_\_\_\_

**Current Medications:**

Medications	Start Date (BC/BS)	Current Dose	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____