

## REVIEW OF PRIOR TREATMENT & HOSPITALIZATION FOR PTSD

Please list most recent first: Month Day Year

Month Day Year

Dates/Length of Treatment:

Secondary Diagnosis:  
(Comorbid)

Type of Psychotherapy:

Medications:

<input type="text" value="Drug_Name_1"/>	<input type="text" value="Daily_Dose_1"/>	
<input type="text" value="Reason_for_Use_1"/>	<input type="text" value="Start_Date_1"/>	<input type="text" value="End_Date_1"/>
<input type="text" value="Drug_Name_2"/>	<input type="text" value="Daily_Dose_2"/>	
<input type="text" value="Reason_for_Use_2"/>	<input type="text" value="Start_Date_2"/>	<input type="text" value="End_Date_2"/>
<input type="text" value="Drug_Name_3"/>	<input type="text" value="Daily_Dose_3"/>	
<input type="text" value="Reason_for_Use_3"/>	<input type="text" value="Start_Date_3"/>	<input type="text" value="End_Date_3"/>
<input type="text" value="Drug_Name_4"/>	<input type="text" value="Daily_Dose_4"/>	
<input type="text" value="Reason_for_Use_4"/>	<input type="text" value="Start_Date_4"/>	<input type="text" value="End_Date_4"/>

How helpful:

2

3

4

5

6

7

8

9

10

(extreme worsening)

(no change in symptoms)

(extreme improvement)

Reason for Termination:

**PLEASE DO NOT WRITE BELOW THIS LINE**

ID

Date  /  /

Dates/Length of Treatment: 

Month	Day	Year	Month	Day	Year
RPTfromMonth1_1	ay1_1	ear1_1	RPTtoMonth1_1	ay1_1	ear1_1

Secondary Diagnosis: (Comorbid) 

SecDiagDepression2	SecDiagAlcAbuseDep2
SecDiagAnxiety2	SecDiagDrugAbuseDep2

Type of Psychotherapy: 

RPTTypeIndivSup2	RPTTypeETOHOut2
RPTTypeIndivTF2 (used)	RPTTypeOtherSubOut2 (patient)
RPTTypeGroupSup2	RPTTypeETOHIn2
RPTTypeGroupTF2 (d)	RPTTypeOtherSubIn2 (patient)
RPTTypeCoupFamily2	RPTTypePharm2
RPTTypePsychInpat2 (hospitalization)	RPTTypeOther2

Medications:

Drug_Name_5	Daily_Dose_5
Reason_for_Use_5	Start_Date_5
End_Date_5	
Drug_Name_6	Daily_Dose_6
Reason_for_Use_6	Start_Date_6
End_Date_6	
Drug_Name_7	Daily_Dose_7
Reason_for_Use_7	Start_Date_7
End_Date_7	
Drug_Name_8	Daily_Dose_8
Reason_for_Use_8	Start_Date_8
End_Date_8	

How helpful:

RPThelp1\_1     3     4     5     6     7     8     9     10

(extreme worsening)

(no change in symptoms)

(extreme improvement)

Reason for Termination:

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ID

Date