22 Stockton Street
Princeton, New Jersey 08540

Trinity Counseling Service

Phone: (609) 924-0060
FAX: (609) 924-7436
www.trinitycounseling.org

Health History

Client Name: _____ **DOB:** _____

Are you currently experiencing any physical health problems?

☐ NO
☐ YES

If yes, please specify: _____
_____
_____

Please list any past physical health problems (if any): _____
_____
_____

Please list all prescription and non-prescription medications taken, including dosage and frequency:

Medication	Dosage	Frequency

Have you experienced any side effects from medications? If yes, please explain:

_____
_____
_____

Client Signature: _____ **Date:** _____