

# Mental Health History Form

Organize key facts to advocate for better care and outcomes.



You have information providers need! Share with staff at an inpatient, outpatient, or jail program for a more complete picture of symptoms, past treatment, and medications.

[Click Here](#)

[Download](#) the mental health history form.

### Mental Health History

Client name:

Current insurance provider:

**History with mental illness:** Summarize historical information older than 12 months. Describe key symptoms that indicated the onset of a mental illness.

**Key events in last year:** Hospitalizations, incarcerations, police encounters, homelessness, restraining orders, therapies, etc.

Event	Date (range)	Location

## Building Mental Health History

Keep it brief and relevant. Include what you know:

- Insurance information.
- Summary of key symptoms and events over 12 months old.
- Events in past year – list hospitalizations, jail stays, homelessness, or restraining orders with dates and locations.
- Symptoms – list and describe major symptoms and behaviors related to unmanaged symptoms.
- Medications – include dosages, responses, side effects, and whether they’re still used.

Include what you know, and don’t worry if you don’t know everything.

## Care partners, did you know?

You can share this form even if you don’t have a signed release of information (ROI) for your loved one. HIPAA **does not** block you from sharing what you know and can protect your relationship with your loved one.

[Click Here](#)

[Link](#) to TAC resource about HIPAA.