Life Long Care
of New London, PLLC

Name: _____ DOB:_____

Primary Care Provider: _____ Phone:_____

Do you give permission for ongoing regular updates to be provided to your PCP? _____

Psychologist/Therapist: _____ Phone:_____

Do you give permission for ongoing regular updates to be provided to your Psychologist/Therapist? _____

Allergies: _____Current Weight: _____ Height:_____

What are the problem(s) for which you are seeking help?

1. _____
2. _____
3. _____

What are your treatment goals?

_____
_____
_____

List ALL current prescription medications and how often you take them. (if none, write none).

Medication Name	Total Daily Dosage	Estimated Start Date

_____
_____
_____
_____
_____
_____

Current over-the-counter medications or supplements: _____

Current medication problems:

_____
_____
_____

276 Newport Road, The Gallery
Suite 107 New London, NH 03257

603-526-4144
603-526-4167

lifelongcare.net
Patient Portal: lifelongcare.mymedaccess.com

Life Long Care
of New London, PLLC

Personal and Family Medical History:

	You	Family	Which Family Member?
Thyroid Disease	( )	( )	_____
Anemia	( )	( )	_____
Liver Disease	( )	( )	_____
Chronic Fatigue	( )	( )	_____
Kidney Disease	( )	( )	_____
Diabetes	( )	( )	_____
Asthma/respiratory problems	( )	( )	_____
Stomach or intestinal problems	( )	( )	_____
Cancer (type)	( )	( )	_____
Fibromyalgia	( )	( )	_____
Heart Disease	( )	( )	_____
Epilepsy or seizures	( )	( )	_____
Chronic Pain	( )	( )	_____
High Cholesterol	( )	( )	_____
High blood pressure	( )	( )	_____
Head Trauma	( )	( )	_____
Other_____	( )	( )	_____

Personal Psychiatric History:

Bipolar disorder	( ) Yes ( ) No	Schizophrenia	( ) Yes ( ) No
Depression	( ) Yes ( ) No	Post-traumatic stress	( ) Yes ( ) No
Anxiety	( ) Yes ( ) No	Alcohol abuse	( ) Yes ( ) No
ADHD	( ) Yes ( ) No	Other substance abuse	( ) Yes ( ) No
Suicide Attempt	( ) Yes ( ) No	Violence/Legal History	( ) Yes ( ) No

Psychiatric Hospitalization ( ) Yes ( ) No If yes, describe for what reason, when and where.

_____

_____

Family Psychiatric History: Has anyone in your family been diagnosed with or treated for (list Relation no names: ie… Mother, Father, Daughter, Son, ect…)

Bipolar disorder	( ) Yes ( ) No _____	Schizophrenia	( ) Yes ( ) No _____
Depression	( ) Yes ( ) No_____	Post-traumatic stress	( ) Yes ( ) No_____
Anxiety	( ) Yes ( ) No_____	Alcohol abuse	( ) Yes ( ) No_____
ADHD	( ) Yes ( ) No_____	Other substance abuse	( ) Yes ( ) No_____
Suicide	( ) Yes ( ) No_____	Violence	( ) Yes ( ) No_____

276 Newport Road, The Gallery
Suite 107 New London, NH 03257
603-526-4144
603-526-4167
lifelongcare.net
Patient Portal: lifelongcare.mymedaccess.com

Life Long Care
of New London, PLLC

Substance Use:
Do you think you have ever had a problem with alcohol or drug use? ( ) Yes ( ) No
If yes is this still a concern? _____
Have you ever been treated for alcohol or drug use or abuse? ( ) Yes ( ) No
If yes for which substances? _____

Tobacco History:
Have you ever smoked cigarettes or vapes? ( ) Yes ( ) No
Currently? ( ) Yes ( ) No How many packs per day on average? _____ How many years? _____
In the past? ( ) Yes ( ) No How many packs per day on average? _____ When did you quit?_____

Pipe, Cigars, Chewing tobacco: Currently? ( ) Yes ( ) No In the past? ( ) Yes ( ) No
What kind? _____ How often per day on average? _____ How many years? _____

Marijuana: Currently? ( ) Yes ( ) No In the past? ( ) Yes ( ) No
How often per day on average? _____ How many years? _____

Is there anything else that you would like us to know?
_____
_____
_____
_____

*As a mandatory reporter, we are legally required to report any suspected abuse, neglect, or exploitation of children, elderly individuals, or vulnerable adults, as well as concerns about harm to self or others. This responsibility ensures safety and well-being and cannot be waived by confidentiality agreements.

*Controlled substances require a signed substance agreement, and their prescription is at the discretion of the provider. Dispensing these medications is based on clinical judgment and adherence to safe prescribing practices.

Signature _____ Date_____

Guardian Signature if under 18 _____ Date_____

Emergency Contact _____ Phone #_____

276 Newport Road, The Gallery
Suite 107 New London, NH 03257
603-526-4144
603-526-4167
lifelongcare.net
Patient Portal: lifelongcare.mymedaccess.com