

Leslie Connolly, LCSW  
Medical Information

Primary Care Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of most recent labs: \_\_\_\_\_ Within normal limits: Y N

Current Medical Concerns:

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Past Medical Concerns: \_\_\_\_\_

Current Medications & Prescriber: \_\_\_\_\_

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Mental Health Treatment History: (inpatient and outpatient)

Dates: \_\_\_\_\_

Provider(s): \_\_\_\_\_

Reason: \_\_\_\_\_

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