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Please answer the following questions: Name \_\_\_\_\_

**Medical History**

Are you presently being treated for any medical problems?

Are you taking any medications on a regular basis?  
Please list medication, dosages, and how often you take them:

Have you been hospitalized in the last 5 years? For what reason?

**Surgical History**

What surgeries have you had, and when?

**Psychiatric History**

What is the main reason you would like to be seen?

When did this difficulty start?

Have you seen other doctors or therapists in the past?

What medications have you tried for this, and when?

Do you take any medications now?

Have you ever been hospitalized for psychiatric reasons?