

Legal (L).

B1. Relevant Legal History. List current and/or past legal problems? Yes No
(Describe)

B2. Currently on probation? Yes No (Describe)

B3. Court Ordered for treatment? Yes No

Medical (M).

C1. Relevant medical history. List current and past conditions and current treating physician(s)
(Describe)

C2. Relevant family medical history (Describe)

C3. Allergic to any medications yes no (Specify)



