Patient Information Form

The information that you provide will be used in planning psychological services with you and will be treated confidentially.

Patient's Full Name _____

Birth Date _____ Social Security Number _____

Home Address _____
Email address _____

Home Phone _____Cell _____ Work_____

Occupation _____ Education in Years _____

Degree _____ Employer _____

Work Address _____

Relationship Status (circle appropriate response):
Single married separated divorced widowed living with a significant other

List the people with whom you currently live:

Name	Age	Relationship	Occupation

In addition to any children listed above, please list other children who do not live with you, indication their names and ages: _____

_____

Please describe your reasons for seeking psychological services at this time:

_____

_____
_____
_____
_____

Have you had previous experience with counseling or psychotherapy? Yes No
If so, please list the name, address, and phone number of each former therapist, and indicate the focus of therapy.

_____

_____

Describe significant changes in your life in the past two years.

_____

_____

_____

Circle areas in which you are having difficulty. Space has been provided to add items:

Nervousness	Energy	Panic	Suicidal thoughts
Shyness	Loneliness	Depression	Chronic Pain
Divorce	Education	Sexual Problems	Acute Pain
Drug use	Relationships	Boredom	Nightmares
Anger	Children	Alcohol Use	Eating Problems
Sleep	Parenting	Self-Control	Bowel Trouble
Relaxation	Irritability	Sudden Mood Change	Stress
Legal Matters	Isolation	Headaches	Fears: _____ _____
Anxiety	Memory	Marriage/Relationships	Finances
Unhappiness	Work	Health	Dating Skills
Concentration	Thoughts	Perfectionism	Other:
Assertiveness	Fatigue	Decision making	Other:
Career Choices	Friends	Self-Esteem	Other:

Are you taking any medication? If so, what are you taking?

Thank you for taking the time to complete this form. Please remember that the full session fee will be charged directly to you for any appointment that is missed or canceled less than 24 hours in advance.

_____ _____

Signature of Responsible Party Date