

Please fill out the following questionnaire as completely as possible. The information is for my records and will not be released without your written consent.

Name: _____

Date of First Session: _____ Todays Date: _____

Social Security #: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Is it OK to leave a message on your home phone? Y__ N__ work phone? Y__N__

Insurance Co. Name: _____

Insurance ID# _____

Group ID# _____

Person to contact in case of
emergency: _____

Occupation: _____

Employer: _____

Physician/Psychiatrist: _____

List major health
problems: _____

List any medications you are taking
presently: _____

Have you ever had psychological treatment before? []yes []no

If yes, please give dates and reason for therapy: _____

Have you ever been hospitalized for psychiatric reasons? []yes []no (If yes, explain briefly) _____

Marital status: []M []S []D []Other/specify _____

Number of children and ages: _____

Highest grade completed: _____

Please place a check next to areas in which you may be experiencing some difficulties:

[]Family []Health []Legal []Marital (or other romantic relationship) []Academic

[]Social []Work []Other (please specify) _____

Please place a check next to feelings you have been experiencing lately:

[]Anger []Anxiety []Attention/concentration problems []Depression []Disappointment

[]Fears []Forgetfulness []Guilt/regrets []Hopelessness []Inferiority, Inadequacy/Insecurity

[]Loneliness []Nervousness []Sadness []Shyness []Stress []Other (please specify) _____

Are you presently having thoughts of hurting yourself? []yes []no

Have you in the past thought of hurting yourself and/or have made attempts to hurt

yourself? []yes []no If yes, please explain briefly _____

Do you have thoughts of hurting another person? []yes []no

Do you have or have you ever had problems with drugs or alcohol? []yes []no

If yes, please explain
briefly_____

Have you recently suffered the loss of a loved one? []yes []no

If yes, please indicate the relationship to
you_____

Please describe in your own words why you are seeking psychotherapy at this
time:_____
