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INFORMATION AND HISTORY

Some of the following questions will provide basic information for insurance purposes, other questions will help us to focus during the initial interview. Please complete thoroughly.

Today's Date: ____________________

Name: ______________________________________ Age: __________

Address: ______________________________________ Birthdate: ____________________

______________________Zip:___________ Marital Status: ____________________

		OK to leave a message?	Which is preferred number?
Telephone: __________________________	(Home)	Y N	☐
__________________________	(Work)	Y N	☐
__________________________	(Mobile)	Y N	☐

Email: __________________________ (for communication about scheduling)

Your Employer & Position: ____ How Long? _____________

Highest Education Completed: ____

Who referred you to me? ____

To whom will bills be sent (after insurance)? ____________________________________ Relationship?___________

Address & Telephone (if different than the patient's): ____

Contact in case of emergency (name & phone) ? __________________________________ Relationship?___________

____

INSURANCE INFORMATION (if applicable):

Policy #1

Who is the Insured Party? ____________________________________ Relation to You: ______________________

(If not you) Date of Birth: ______________________

Insurance Company: ____________________________________ Policy ID # ____________________

Address for Claims: ____________________________________ Group # ______________________

____________________________________ Employer: _____________________

Telephone Number: ____________________________________ Effective Date: _________________

Policy #2

Who is the Insured Party? ____________________________________ Relation to You: ______________________

(If not you) Date of Birth: ______________________

Insurance Company: ____________________________________ Policy ID # ____________________

Address for Claims: ____________________________________ Group # ______________________

____________________________________ Employer: _____________________

Telephone Number: ____________________________________ Effective Date: _________________

HOUSEHOLD & MISC. INFORMATION:

People Currently Living with You:

Name	Relationship	Age

Are you currently on Probation, Parole, or have any legal charges pending? ___Yes ___No
If yes, please explain:____
Are you currently involved in any legal proceedings (eg, a civil suit, divorce, custody case, bankruptcy, etc)? ___Yes ___No
If yes, please explain:____
Is an evaluation or participation in psychotherapy required of you by anyone (eg, court or employer)? ___Yes ___No
If yes, who?____

MEDICAL INFORMATION:

Current Primary Physician: ______________________________ City:______________
Phone: ____________________ Date of Last Exam: ________________

May I contact your primary physician to coordinate care if necessary? ___Yes ___No

If yes, please sign here to authorize: ______________________________

Any current Medical Problems?: ______________________________________
____

Current Medications and dosages: ____________________________________
____
____

List Below Any Significant Medical History (illnesses, operations, conditions):

MENTAL HEALTH HISTORY:

Are you currently in counseling or receiving mental health or substance abuse services from any other provider? _______
____

Have you ever received counseling, mental health or substance abuse services in the past? ______________
If so, please list below:

Approx. Dates	Provider or Institution Name	Reason

Have you ever taken medication for psychiatric reasons in the past? ________ If so, please list below:

Approx. Dates	Name of Medication	Reason

Have you ever had Psychological Testing? _______ If so, approximately when and where?

Has anyone in your family had, or been in counseling or treatment for, a mental health or substance abuse condition? ______
If so, please list below:

Relation	Condition and/or Treatment

I have completed this form with information that is true and accurate to the best of my knowledge.

Signed: ___________________________________ Date: _____________

If a minor:
Parent/Guardian: ____________________________________ Date: _____________

Relationship: ____________________________________