

NAME: <span style="float:right">AGE:</span>	
LAST	FIRST
NAME YOU WISH TO BE CALLED BY: <span style="float:right">DATE OF BIRTH:</span>	
ADDRESS:	TELEPHONE:
ZIP:	HOME
E-MAIL ADDRESS:	OFFICE
<b>REFERRED BY:</b>	
SEX: <input type="checkbox"/> Male: <input type="checkbox"/> Female    RELATIONSHIP STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Significant Other	
OCCUPATION: <span style="float:right">INSURANCE CO.:</span>	
EMPLOYED BY: <span style="float:right">SUBSCRIBER NO.:</span>	
ADDRESS: <span style="float:right">GROUP NO.:</span>	
SOCIAL SECURITY NUMBER:	
SIGNATURE: <span style="float:right">TODAY'S DATE</span>	
PATIENT OR LEGALLY RESPONSIBLE PARTY	

FAMILY INFORMATION:	AGE	DECEASED DATE	OCCUPATION	EDUCATION	STATE OF HEALTH
FATHER					
MOTHER					
STEP-FATHER					
STEP-MOTHER					
BROTHERS/SISTERS (Circle Sex)					
M    F					
M    F					
M    F					
M    F					
M    F					
SPOUSE/PARTNER    M    F					
SONS/DAUGHTERS    M    F					
M    F					
M    F					
M    F					
M    F					

<b>EDUCATION:</b> HIGHEST DEGREE:
WHERE OBTAINED:

<b>HEALTH:</b>
a. How would you describe your general health?
b. What medication, if any, are you taking presently? <span style="float:right">For what condition(s)?</span>
c. When was your last physical examination?
d. Name and phone number of your physician:
e. Please list any noteworthy physical problems:

(OVER)

**BRIEF (1-2 Sentences) DESCRIPTION OF PROBLEM FOR WHICH YOU ARE SEEKING HELP:**

**GOALS FOR THERAPY:**

**PREVIOUS PSYCHOTHERAPY/COUNSELING:**

a. Therapist's Name and Address:

Individual       Group       Couple/Family

Duration of Treatment:      From      To      Session Frequency/Week:

b. Therapist's Name and Address:

Individual       Group       Couple/Family

Duration of Treatment:      From      To      Session Frequency/Week:

**History of Hospitalizations:**

a. Hospital:      Dates:

Reason:

b. Hospital:      Dates:

Reason:

**SPECIAL INTERESTS/HOBBIES: (Please Describe)**