

New Patient Information

Name_____	Date of Contact_____	
Age_____	Date of Birth_____	Social Security #_____
Mailing Address_____		
Phone: Home_____	Cell _____	Business _____
Employer_____	Occupation_____	
Marital Status_____	Spouse's Name_____	
Number and Ages of Children_____		
Person to Contact in an Emergency_____		
Emergency Telephone Number _____		
Referred By_____		

What type of problem are you having?

What physical symptoms are associated with this?

How would you describe your current mood? Depressed, anxious, increased activity, irritable, angry, indifferent, pleasant, other. Please explain.

How would you describe your spirituality, religion and/or cultural traditions?

What would you most like to work on in the first few sessions?

What else would you like me to know about you?

Family Doctor:

Are you currently taking any medications?

If so, please list names of medications, dose and name of prescribing physician:

Have you seen other mental health providers?

If so, list names and approximate dates:

Have you ever been admitted to a psychiatric hospital?

If so, when and what for?