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General Information

Date:_____

Name:_____ Birthdate:_____ Age:____
Address:_____City/State/Zip_____
Phone: (H):(__)_____(W):(_)_____ (C): (__) _____
Leave Message: _____
Social Security No. _____Referred by:_____
Emergency Contact (person/relationship/number): _____
_____
(If applicable) Insurance:_____Insurance # _____

Mental Health Issues/Problems (past and present): _____
_____
_____
Family Mental Health Issues/Problems (past and present):
_____
_____
Physical Health Problems (past and present): _____
_____
Physician and Phone : _____
Current Medications: _____
Accidents, Injuries, Surgeries, Hospitalizations:
_____
Psychotherapy/Psychiatric Hospitalizations:_____
1. Therapist: _____ Phone/Address:_____
Reason/Issues:_____
Process/Outcome:_____
2. Therapist: _____ Phone/Address:_____
Reason/Issues:_____
Process/Outcome:_____
Occupation:_____Education:_____
Current Partner/Marital Status:_____ Years:_____
Former Partner/Marital Status:_____ Years:_____
Children & Ages:_____
_____
Parents/Step (ages/year of death): _____
Siblings:_____
Legal concerns/problems:_____
Additional Comments:_____
_____

Use space on back if you need to give further information