

**Legal Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_

Preferred Name \_\_\_\_\_ Pronoun \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Circle best contact number

What information may be left on voicemail (please circle)?

My name and number                  Appointment information                  Reason for call

Email Address: \_\_\_\_\_

May I contact you by email for scheduling purposes or to provide information?    Yes    No

Address \_\_\_\_\_

Who referred you? (Name) \_\_\_\_\_

Relationship status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Other: \_\_\_\_\_

Partner/Spouse (name/date of birth and relationship): \_\_\_\_\_

Children (names/date of birth): \_\_\_\_\_

Parents (names/date of birth and marital status) \_\_\_\_\_

\_\_\_\_\_

Siblings (first names/date of birth) \_\_\_\_\_

Who is living in your present home? \_\_\_\_\_

\_\_\_\_\_

Emergency contacts, phone numbers and relationship to you:

\_\_\_\_\_

\_\_\_\_\_

Name and phone number of Primary Care Physician: \_\_\_\_\_

May I contact your PCP to coordinate care?    Yes    No

Present medical conditions (high blood pressure, diabetes, allergies, etc.)

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Birth date \_\_\_\_\_

History of medical (non-psychiatric) hospitalization?      Yes      No

If yes, please indicate year and reason

---

---

Are you taking any prescription medication now (psychiatric or otherwise)?    Yes    No

If yes, indicate Name of Medication, Dosage, Since When Taken, and any Present Side Effects:

---

---

Please provide the name, address and phone number of any physician currently prescribing psychiatric medication. If you need more room, please write on back.

---

---

Please list any additional psychiatric medications that you have previously been on:

---

---

Have you had any psychiatric hospitalizations?      Yes      No

If yes, please indicate where and approximate dates:

---

---

Have you ever been in therapy before?      Yes      No

If yes, please indicate the name of the therapist, address and telephone number, and the approximate beginning and end dates of treatment. If multiple therapists, it is not necessary to provide names of people you have seen for only a very short time.

---

---

Thank you for your information.