

# Psychology of Weston

## Client Information

Please complete these forms in as much detail as possible. Please print.

Date: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Hm/Wk Telephone (\_\_\_\_) \_\_\_\_\_ Cell Telephone (\_\_\_\_) \_\_\_\_\_  
Ok to call? Y N Ok to call? Y N  
Ok to leave message? Y N Ok to leave message? Y N

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Employer: \_\_\_\_\_

Whom may I thank for referring you? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Have you had prior counseling? If so, When? \_\_\_\_\_

Where? \_\_\_\_\_

Chief Complaint? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Medical Information**

Do you have a regular physician? ( ) no ( ) yes

Name \_\_\_\_\_ Location \_\_\_\_\_

Please list any serious medical conditions: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications? ( ) no ( ) yes Please list: \_\_\_\_\_

\_\_\_\_\_

Please list any previous hospitalizations (dates and reasons): \_\_\_\_\_

\_\_\_\_\_

Please describe your current use of alcohol and/or non-prescription drugs? (what, how often, how much): \_\_\_\_\_

\_\_\_\_\_

## **Spouse/Family Information**

Spouse Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_/ Social Security # \_\_\_\_\_

Work Phone# \_\_\_\_\_

Parent (s) Name (s):

Mother: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_/

Father: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_/

Please describe any family history of mental illness: \_\_\_\_\_

\_\_\_\_\_

## **Education Information**

Please supply the following information for school age children only.

Name of School: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Whom should we contact? \_\_\_\_\_

Position they hold? \_\_\_\_\_