

NEW PATIENT INFORMATION

Please fill in the requested information and bring to your first appointment.

Any questions will be answered during this appointment.

Demographic Information:

Name: _____

Preferred name (if different than above): _____

Date of Birth: _____

Sex: _____

Marital status: single married divorced
 widowed separated Partner

Phone Number(s): _____

Address:

Please describe who lives in your household:

Emergency Contact Name and Phone Number:

Insurance Information:

Insurance company: _____

Insurance ID: _____

Insurance phone number: _____

Name of insured: _____

Date of birth of insured: _____

Relationship to patient: _____

Medical Information:

Primary care physician name and phone number:

Psychiatrist name and phone number:

Current medications (medical and/ or psychiatric):

Current medical history:

Immediate family members' medical issues:

Clinical Information:

Current assessment – what brings you here today?

Please check all that apply and add in any symptoms not listed

Depressed mood

Decreased energy

Grief

Hopelessness

Worthlessness

Thoughts of suicide

Self-harm

Guilt

Anxiety

Hyperactivity

Loneliness

Emotional/ physical/ sexual trauma

Domestic violence

Paranoia

Addiction/ substance use; please describe which substances are being used, amount and frequency, or if in recovery, how long have you been sober:

Dissociative states

Sexuality issues

Gender issues; If transitioning, describe where you are currently in this process:

Oppositionalism

Panic attacks

Somatic complaints

Obsessions/ compulsions

Elevated mood

Impulsivity

Other:

How long have you been experiencing the symptoms noted above?

Please describe any recent events out of the ordinary that have contributed to or triggered these symptoms:

Any past events that you feel are relevant to the current symptoms:

Family history of mental health issues, substance dependence, suicide, violence, physical/ sexual abuse:

Past treatment for self:

Past treatment for family:

Goals for therapy:

Diagnosis:

Recommendations:

Signature: _____

Date: _____