

**PERSONAL DATA FORM**

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address:**

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Preferred Telephone #:**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

**Presenting Issue:**

Psychotherapy History: Please list any previous counseling/mental health services including hospitalizations in the space below with approximate dates and reason for treatment.

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Has anyone in your family had psychological or psychiatric problems? If yes, please describe.

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Has anyone in your family had alcohol or drug problems? If yes, please describe.

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Have you ever made a suicide attempt? If yes, please describe circumstances, how and when.

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Please list any medications you currently use (both prescribed and non-prescribed): Name of Medication, Dosage, Prescribed By

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Do you have any addictions to prescription medications? \_\_ No \_\_ Yes

Are you/have you ever been in treatment for alcohol or drug use? \_\_\_\_\_

How much & what type(s) of alcohol do you consume each week?

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If you use marijuana, describe how much each week, as well as type, and method(s) of ingestion:

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Any drug or alcohol related arrests? \_\_No \_\_Yes

Please briefly describe any additional Alcohol/Drug History and Current Use not addressed above:

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How did you hear about me? At times, I like to contact the person to thank them for the referral. If this is not ok, please check the decline box below.

**Referred by:** \_\_\_\_\_

I would like to decline referral contact.

**Finally, please note that I request a 24hr notice in advance of all cancellations. Without 24hr notice, I need to charge for all sessions booked. Emergencies and illness are excepted.**

Please sign your name below confirming you have received and read this form.

**Your Signature/Date:** \_\_\_\_\_