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Background Information Form

Please fill out this form prior to your initial appointment with me, and bring it with you to your first appointment. This information is important for me to have in order to assess your situation both thoroughly and efficiently, and it will serve as the basis for a more formal evaluation. Please fill in only information that you are comfortable sharing with me at this time. Also, please remember to sign Permissions on Page 2. Thank you.

Identification Information (please print the information on this page)

Name: _____

Home Address: _____

_____

_____

Mailing Address (if different): _____

_____

_____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Is It Okay to Leave a Message? _____

E-mail Address: _____

Date of Birth: _____ Age: _____

Last 4 of SSN: _____

Occupation: _____

Place of Employment: _____

Highest Level of Education: _____

Emergency Contact Person (name, relationship, phone #): _____

_____

_____

Who Referred You? _____

Permissions

My signature below indicates agreement with the following:

1.) The patient and the therapist affirm that this service is motivated by the patient's personal, voluntary, and private request for assistance in the realm of mental functioning.

2.) The therapist's service consists of assisting the patient in a self-examination (psychoanalytic psychotherapy) aimed at increasing the patient's self-determination and personal autonomy.

3.) The patient recognizes that other services, such as psychotropic medication and other forms of psychotherapy, are provided by other professionals and that these services may be more or less effective for the patient. The patient remains free at all times to seek the services of an outside psychiatrist, psychologist, or other mental health professional.

4.) The therapist does not discuss with any third party any matter pertaining to the patient without express consent of the patient.

5.) I understand and agree to the following regarding fees:

I understand that there is a full charge to me for sessions which are missed or canceled with less than 24 hours notice.

I understand that there may be a fee for any telephone conversation which exceeds five minutes. I also understand that there may be a fee for any detailed email correspondence or preparation of detailed documentation for external use.

I understand that payment is due at the time services are rendered. Any outstanding balances not paid within 30 days will have a monthly late fee added, unless alternative arrangements have been made.

I understand that any fees incurred due to missed or canceled appointments with less than 24 hours notice will result in an automatic credit or debit card processing.

Please provide below valid credit or debit card information to be charged in the event of a missed or canceled appointment with less than 24 hours notice.

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Zip Code: _____

Signature: _____ Date: _____

Reason for Seeking Psychotherapy

In a few sentences, please tell me why you are seeking psychotherapy. Are you having a specific problem or "symptom," are you seeking a more general self-understanding or analysis, or have you been referred here by someone else (e.g., physician, psychiatrist, family member)?

Stressors

Are there any serious stresses occurring in your life at the present time, or have you experienced any significant life stress in the recent past? If so, please list and describe:

Current and Past Treatment

Have you ever been diagnosed by a physician or mental health professional with a mental disorder, or have you self-diagnosed a mental disorder? If so, please list and explain:

Do you currently take any psychiatric medications (e.g., antidepressants, anti-anxiety medications, sleep medication, etc.)? If not, have you taken psychiatric medication in the past?

Do you currently have a psychiatrist or someone who prescribes you psychiatric medications?

Have you ever been psychiatrically hospitalized?

Have you ever attempted suicide?

Have you ever been in psychotherapy before? If so, for how long, and what were the results?

Family and Social History

Who raised you as a child? Where did you grow up? Do you have any brothers or sisters? Generally speaking, what was your childhood like?

Are you single, married, or divorced? Do you have any children or grandchildren?

Medical History

Do you have any medical issues? If so, how are they being managed?

Are you currently taking any recreational drugs? Do you smoke cigarettes or drink alcohol?

Has anyone in your family ever consulted a psychiatrist or psychotherapist? If so, for what reason?

General Information

What would you like to achieve as a result of psychotherapy? Do you have any questions about psychotherapy that you would like to discuss during the initial appointment?

Is there anything else not included on this form that you believe is important for me to know about you during our first appointment?