Personal History

Name:			Birth date	·
	/liddle initial	Last name		
Address		Citv ar	nd State	Zip Code
Social Security #				
Occupation		Hire Date		
Home phone:	May I ca	all? □Yes □No	OK to leave mes	sage? □Yes □No
Work phone:				
Cell phone:	May I ca	ll? □Yes □No	OK to leave mes	sage? □Yes □No
Family History				
☐ Single ☐ Married, how long?				
Separated \square Date of separation:		Divorced □	Date of divorce:	
Name of family whom you live with t	full or part time	Relationship:	Age 	Birth date:
Religious Preference or Affiliation _		Cultural B	ackround	
Medical History Name of Physician:		Pho	one number	
Date of last doctor visit				s? □ Yes □ No
Medications and dosages:			•	
Any medical problems?				
Have you ever been hospitalized				
In the past six months how often	did you drink alcoh	ol? □I do not dr	ink at all □Ond	ce every 2-3 months
☐Once or twice a month ☐one	ce a week □2-3 t	imes/ week □	4-5 times/ week	□6-7 times/ weel
Current non-prescription drug us	e		Frequenc	y
Do (or did) your parents use drug	gs/alcohol?			
Which parent?	Which drugs?			
Have you ever been treated for s	substance abuse? □	Yes □No If	so when?	
Have you been in psychotherapy	/ before? □Yes □	No Approxima	ite dates:	
With whom and why?				
What would you like to achieve a	as a result of coming	in?		
In case of emergency who may I	call?			
Phone #				
☐ I authorize Georgi Distefano, LCS coverage and or expedite insurance		ormation necessar	y to determine me	ntal health insurance
Client Signature:			Date	