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PSY12631

New Client Information

Please fill out this form as completely as possible. It will help facilitate our work. Information is confidential as outlined in the "Practice Policies" form.

NAME: _____

DATE: _____

YOUR AGE: _____

ADDRESS:

TEL: H: _____ Cell: _____

Work: _____

E-MAIL: _____

OCCUPATION:

EMERGENCY CONTACT (name and phone):

RELATIONSHIP TO YOU:

REFERRAL SOURCE:

CURRENT RELATIONSHIP STATUS: _____ Live with others?: _____

Present spouse/partner occupation:

SPECIFY MEDICATION you are presently taking, list dosages, and specify for what condition.

ANY OTHER MEDICAL ISSUES:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments): If yes, please describe:

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, circumstances, any consequent legal involvement, hospitalizations)

HAVE YOU EVER BEEN DIAGNOSED WITH EITHER OF THE FOLLOWING:

Major depressive episode? _____ If yes, how treated?

Manic episode? _____ If yes, how treated?

PAST/PRESENT PSYCHOTHERAPY (specify: # of years, estimated number of sessions)

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? FOR WHICH YOUR PSYCHOLOGICAL WELL BEING IS AN ISSUE (if yes, please explain):

PLEASE CIRCLE ANY OF THE FOLLOWING THAT APPLY:

I have had a complete physical within the past 12 months

I currently feel suicidal and /or have a plan I think about

I believe or have been told by friends or family that I abuse drugs and/or alcohol

I have been treated for chemical dependence or an eating disorder

I have been hospitalized for a psychiatric reason or for chemical dependence

Date and name of facility
