Please fill out this form in as much detail as possible. We appreciate your taking time to provide us with this information which will help us understand your concerns and make an accurate diagnosis.

IDENTIFYING INFORMATION

Name of person completing the form_____
Last First
Relationship to the Client_____
Client's Name_____
Last First Middle Initial
Age_____ Date of Birth ___/____/____ Place of Birth_____
Highest Level of Education_____
Occupation_____
Home Street Address_____
City _____State_____ Zip_____
Home Phone Number_____ Alternate Phone Number_____
Emergency Contact Person's Name_____ Phone_____

MEDICAL AND HEALTH INFORMATION

Current Height_____ Current Weight_____
Have you had any surgery, serious illnesses or accidents? _____ Yes_____ No
Do you have allergies (Environmental or food allergies)? _____Yes _____No
Do you have asthma or any other respiratory problems? _____Yes _____No
Do you have any medical conditions? _____ Yes _____No If you answered yes to any of the above questions, please explain: _____
_____
_____
Do you take any medications regularly? _____Yes _____No
If yes, please list (dosage, frequency):_____
_____
Have you ever been examined by: Ear, Nose, and Throat Doctor? _____Yes_____ No
Neurologist? _____Yes _____No
Psychologist? _____Yes_____ No
Other Medical Specialist _____Yes _____No
Other:_____
Briefly describe any behavioral problems that you are facing at home/work_____
_____
_____ Are there any past or present circumstances which you think could be related to your present difficulties?_____
_____
Have you ever experienced any traumatic events (e.g., death of a close relative or friend, accident, etc.)? _____Yes_____ No
If yes, please describe _____
_____

Do any family members have (or have had) a psychological disorder?_____ Yes____ No
If yes, who and what kind? _____
Please put any other comments that will help us understand you better_____
_____
_____
_____
_____

CONSENT FOR TREATMENT

I voluntarily agree to and give consent for evaluation / treatment

Patient Signature_____
Printed Name: _____ Date:_____

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