

Iverson M. Eicken, Ph.D.

1008 5th St. ♦ Santa Rosa, Ca. 95404 ♦ (707) 775-5666 ♦ Dr_Eicken@hotmail.com

Client Information

Name: _____ SS# _____

Address: _____
Street City State Zip code

Phone: (Home) _____ (Work) _____ Email: _____
(Circle one) O.K. to call: **Yes or No** O.K. to call: **Yes or No** O.K. to email: **Yes or No**

Phone: (Cell) _____ Phone: (Other) _____
(Circle one) O.K. to call: **Yes or No** O.K. to call: **Yes or No**

Date of Birth: _____ Age: _____ Sex (circle): M or F

Please Circle: Single Married Partnered Separated Divorced Widow(er)

Ethnic Identity: _____

Employer/School: _____ Occupation/Major: _____

Briefly describe your reason for consulting Dr. Eicken:

Referred by: _____

Contact Person (in case of an emergency): _____

Address: _____
Street City State Zip code

Phone: (Home) _____ (Work) _____ Relationship: _____

Primary Care Physician: _____ Phone: _____

When were you last examined by a physician? _____

List any major health problems for which you currently receive treatment: _____

Please Fill Out Both Sides

List any medications you are currently taking: _____

Have you received previous psychiatric or psychological treatment? Yes ___ No ___

If yes, please describe: _____

Who was the mental health care provider? _____

Address/Phone: _____

Please list those living in your home and their relationship to you: _____

Please Circle all of the following problems that you currently experience:

- | | | |
|-------------------------------|---------------------------|----------------------|
| Depression | Physical / Sexual assault | Parenting issues |
| Anxiety / Nervousness | Loss / Death of loved one | Separation / divorce |
| Irritability | Obsessions / Compulsions | Hearing voices |
| Anger | Tense Muscles | Headaches |
| Crying spells | Stress | Stomachaches |
| Low self-worth | Relationship problems | Panic attacks |
| Hopelessness | Fatigue / lack of energy | Sleep |
| Nightmares | Body image | Communication issues |
| Suicidal thoughts / behaviors | Eating concerns | Alcohol use |
| Homicidal thoughts | Intimacy / Sexual issues | Drug use |
| Loneliness | Shyness | Legal matters |
| Loss of Concentration | Racial minority issues | Decision-making |
| Financial / job issues | Sexual orientation issues | Health problems |
| School problems | Abuse (Sexual / Physical) | Appetite |

Please add any additional information that you feel may be useful to me:

Client Signature

Date

Please Fill Out Both Sides