

Beach Walk Talk | Robyn Igelman, Ph.D.

Licensed Psychologist (PSY29963)

616 S. El Camino Real, Suite G-16 • San Clemente, CA 92672

(949) 445-1277

Medical and Treatment History

Primary Care Physician: _____ Phone: () -

Psychiatrist: _____ Phone: () -

Other Provider: _____ Phone: () -

Currently under a medical physician's care? Yes No

If **Yes**, please describe your current medical condition(s):

Current Psychiatric Medications: None

Medication	Dosage	Prescribed for what?

Past Psychiatric Hospitalization or Residential Treatment: None

Date(s)	Name of Hospital	Reason for treatment

Previous Outpatient Therapeutic Services: None

Date(s)	Provider name/agency	Reason for treatment

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Current/Previous Physical Activity/Exercise None

Activity/Sport (ex: walking, yoga, tennis)	From-To (ex: 2014-present)	Frequency (ex: daily, 1-2x/wk, 1-2x/mo)

What therapeutic goals would you like to set for yourself? (i.e., What would you want to be different in your life at the end of this process? What changes would you like to see in yourself?)

Goal 1	
Goal 2	
Goal 3	

Personal Inventory

1. Do you currently feel like harming or killing yourself? Yes No
 - a. If yes, please provide more detail: _____
2. Have you purposefully harmed yourself in the past? Yes No
 - a. If yes, please describe: _____
3. Have you had a previous suicide attempt? Yes No
 - a. If yes, please describe: _____
4. Do you currently intend to harm another person? Yes No
 - a. If yes, please explain: _____
5. Have you had sexual, physical, or emotional abuse? Yes No
 - a. If yes, please describe: _____

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6. Do you currently feel safe in your relationship? Yes No
 - a. If no, please explain: _____

7. Do you ever feel concerned about your alcohol intake? Yes No
 - a. If yes, please describe: _____

8. Do you ever feel concerned about your marijuana intake? Yes No
 - a. If yes, please describe: _____

9. Do you ever use illegal drugs? Yes No
 - a. If yes, please describe: _____

10. Do you ever misuse prescription medication? Yes No
 - a. If yes, please describe: _____

11. Do you have any other concerns not listed above? Yes No
 - a. If yes, please describe: _____