



MasterMind PSYCHOLOGY

Were you referred to us by: Doctor () _____(name)
Teacher (), Friend (), Relative (), Other () _____

If not referred, how did you find us? Internet search (), Advertisement (),
Phone Book (), Other () _____

Today's Date _____

Name _____ Birthdate _____ Age _____

Home Address _____ City _____ State/Zip _____

Home/Cell Phone _____ Can messages be left on home/cell phone (circle) **Y N**

Email _____ Preference for appointment reminders? **Phone Email Text**

Emergency Contact & Phone number _____

Employer _____ Occupation _____

Living with Spouse/Significant Other? _____ Name _____

Children? _____ Names/Ages _____

High School _____ If Graduated, Year _____

College _____ Major _____ If Graduated, Year _____

Family Physician _____ Phone _____ Fax _____

MEDICAL HISTORY

Have you had:

	Yes	No	Age		Yes	No	Age
Meningitis	___	___	___	Asthma	___	___	___
Encephalitis	___	___	___	Seizures	___	___	___
High Fever	___	___	___	Head Injury	___	___	___
Ear Infections	___	___	___	Hospitalized	___	___	___
Allergy	___	___	___	Operations	___	___	___
Extended Illness	___	___	___	Broken Bones	___	___	___

Describe those above _____

Describe any current medical conditions

Are you taking any medication(s) now? Yes () No ()

What medications: _____

Have you had previous counseling or therapy of any kind?

When _____

Why _____

Name of Therapist _____