

What do you see as your personal strengths? _____

Health Information:

Major past or current health problems: _____

Physician(s): _____

Current Medications--Including over the counter medicine, herbs and supplements:

Name of medication	Purpose?	Dose?	Frequency/how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Living & Family Information:

Who lives in your household? _____

Spouse/Partner Name: _____ Age: _____ Occupation: _____

Do you have any children? (including foster, step, etc.) Please list names & ages:

Your ethnic/cultural identity _____ Religious background _____

Who raised you? _____

Where did you grow up? _____

Brothers/sisters (include step/adopted/half) _____

Is there a Family History of any of these? Abuse/Neglect Alcohol/Drug problems Anxiety
 Bipolar Disorder Depression Death/Losses in family Disability Domestic Violence
 Eating Disorders Legal problems Parent Unemployment Psychiatric Hospitalization
 Serious medical illness Sexual Abuse/Molestation Suicide or attempts Trauma Other
Please explain checked items and note family member:

LORI KLETT ROBERTO, PH.D.
INITIAL QUESTIONNAIRE

Acknowledgement and Signature Page
(Please initial each section and sign and date at bottom)

1. I have received “Welcome to my Practice: Informed Consent for Services & Office Policy Agreement” from Dr. Lori Roberto: _____

2. I understand there is a 24 hour cancellation/reschedule policy and that I will be responsible for the fee of \$150 for missed or late cancelled sessions: _____

3. I understand that Dr. Lori Roberto is not contracted with and does not bill insurance companies on my behalf, and that she is not a Medicare provider: _____

4. I have received “HIPAA Notice of Privacy Practices” from Dr. Lori Roberto: _____

5. I understand there are exceptions to confidentiality where it may be necessary or required by law to disclose information without my written permission: _____

My signature below indicates that I have read the information in the “Welcome to my Practice: Informed Consent for Services & Office Policy Agreement” as well as the “HIPAA Notice of Privacy Practices” from Dr. Lori Roberto. I acknowledge that I have raised any questions I have about these documents, and that I agree to abide by their terms (freely and without reservations) during this professional relationship. My signature represents an agreement between myself and Dr. Lori Roberto.

Signature _____ Date _____

Printed Name _____