

Dr. Jill P. Weber, Ph.D.

Licensed Clinical Psychologist

Client Information Form

Date

Demographic Information

Full Name

Social Security Number

Address

City

State

ZIP Code

Home Phone

Okay to leave message?

Call restrictions on Home Phone

Work Phone

Okay to leave message?

Call restrictions on Work Phone

Cell Phone

Okay to leave message?

Call restrictions on Cell Phone

Age

Date of Birth

Gender: Male Female

Marital Status: Never Married Married Divorced Separated Widowed

Are you currently in school?

High School _____
Name

College _____
Name

Past Education

Person Responsible for Psychotherapy Payment (if different from above)

Relationship to patient

Address

City

State

ZIP Code

Phone

Referral Source

Do I have your permission to thank this person for the referral? Yes No

Emergency Contact

Relationship to patient

Phone

Chief Concern

Please describe the main difficulty that has brought you to see me: _____

Medical History

Date of Last Physical Exam

Findings from that Exam

Current, ongoing medical conditions (e.g. diabetes, hypertension, heart problems, asthma, head trauma, cancer, etc.)

Current Medications	Dosage	Date Prescribed	By Whom	For What
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before? Yes No

Treatment for	From Whom	Date	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been hospitalized for a mental health condition? Yes No

Treatment for	Location	Date	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently—or in the past—taking medication(s) for a mental health or psychiatric condition? Yes No

Current Medications	Dosage	Date Prescribed	By Whom	For What
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family History of Mental Health Problems or Chemical Dependency: _____

Signature

Date