

J. C-H. Psychological Solutions, PLLC
7703 N. Lamar Blvd (Suite 230)
Austin, Tx 78752

Biographical Patient Information Intake Form

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Policy and Procedures form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.

NAME: _____ MALE/FEMALE: _____ DATE: _____

DATE OF BIRTH/PLACE: _____ AGE: _____

ADDRESS:

_____ Street _____ City _____ State _____ Zip

SOCIAL SECURITY # _____

I authorize any representative of J. C-H. Psychological Solutions, PLLC to leave a message regarding pending appointments:

TELEPHONE: H: _____ Cell: _____ W/Off: _____ FAX: _____

FOR ROUTINE MESSAGES: Phone # _____ E-mail: _____

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone # _____ E-mail: _____

PERSON & PHONE NUMBER TO CALL IN EMERGENCY: _____

REFERRAL SOURCE: _____

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

OCCUPATION (former. if retired): _____

PRIMARY INSURANCE: If you have additional insurance, please request the "Additional Insurance Form"

Name of Insurance _____ Insurance Phone _____

Policy ID # _____ Insurance Address _____

Group # _____ City/State/Zip _____

SUBSCRIBER: _____ Employer Name _____

Birth date: _____ Employer Address _____

Social Security # _____ City, State, Zip: _____

HISTORY OF PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you...):

Estimate the severity of above problem: Mild Moderate Severe Very severe

PSYCHIATRIC HISTORY

PAST/PRESENT PSYCHOTHERAPY (specify: month year/s (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Ind/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

1. _____

2. _____

3. *USE OTHER SIDE OF THE PAGE FOR MORE INFORMATION ABOUT PSYCHOTHERAPISTS*

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc.)

BIRTH AND DEVELOPMENTAL HISTORY

PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

Father: _____

Mother: _____

Step-parents: _____

SIBLINGS (name/age, if dead: age and cause of death & brief statement about the relationship):

1. _____
2. _____
3. _____
4. _____
5. _____

DESCRIBE YOUR CHILDHOOD IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

IF PARENTS DIVORCED: Your age at the time: _____, Describe how it affected you at the time.

MEDICAL HISTORY

Medical Doctor/s (name /phone): _____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):

SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:

FAMILY HISTORY

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc.):

MARITAL HISTORY

MARITAL STATUS: Single Legal Married Common-Law Married Divorced Separated

PAST & PRESENT MARRIAGE/S (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

PRESENT SPOUSE/PARTNER: NAME: _____ Education: _____

Occupation: _____

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LEGAL HISTORY

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (If you answer Yes, please explain):

SOCIAL HISTORY

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY (Describe quality, frequency, activities, etc.):

What gives you the most joy or pleasure in your life?

What are your main worries and fears?

What are your most important hopes or dreams?

Please include any additional information you would like me to know about you and your situation:
