

Amber Learn, Psy.D.

www.DrAmberLearn.com



Clinical Psychologist PSY25444

New Client Questionnaire

Personal Information:

Name _____
Gender _____ Age _____ Ethnicity _____ Date of Birth _____
Phone (cell/work) _____ (Home) _____
May I contact you and leave messages at one or both of these phone numbers? ____ Yes ____ No
Address _____ City _____
State _____ Zip _____ Email _____
May I mail you at this address ____ Yes ____ No; May I email you? ____ Yes ____ No
Emergency Contact _____ Phone _____
Emergency Contact's Relationship To You _____
Current Relationship Status _____ How long in relationship? _____
Children, if any, ages, and names _____
Others living in the home _____
Occupation _____ Employer _____
How long have you worked there? _____ How long in this occupation? _____

Education:

What is the highest level of education you have attained? _____
Are you currently in school? ____ Yes ____ No
If you are in college, what are you studying? _____
If you have not yet completed high school, what grade are you in now? _____

History in Therapy:

Have you been in therapy before? If so, when and on what issues did you focus? Whom did you see?

What caused you to seek therapy at this time?

What would you like to focus on in therapy?

Assuming that you achieved your goals for coming to therapy, what would some of your gains look like?

Medical Information:

Are you taking any medication(s) at this time? _____

What medications are you taking and what do they treat? How long? Please include psychiatric medication.

Have you suffered any major illness or injury (including car accidents, head injuries, falls, etc.) in the past 10 years? If so, what (please be specific and include dates)? _____

Primary Physician and Contact Information _____

List any significant health issues:

Substance Use Information:

Have you ever been treated for drug or alcohol abuse? _____ When and in what manner?

Do you currently use illegal drugs? _____ What are you using and how much/often?

Do you drink alcohol? _____ If yes, how much and how often do you drink?

If you are not currently using drugs or drinking alcohol, have you done so in the past 10 years? _____

If yes, what substance was it? _____

Referral Source:

How were you referred to me? _____

If it was on the internet, what search engine and phrases did you use?

Have you visited my website? _____ Yes _____ No

If so, was it helpful? _____ Yes _____ No How so? _____

Financially Responsible Person's Information:

Name _____ Relationship to Client _____

Phone (if different from above) _____

Address (if different from above) _____

Medicare Eligibility

Are you eligible for Medicare? _____ Yes _____ No

I am not a Medicare provider and cannot bill for services under Medicare. I can enter into private contracts with individuals who would like to see me and not use Medicare benefits. If you would like to use Medicare benefits, I would be happy to provide you with a referral. To find out if you qualify for Medicare, contact the Social Security Administration.