

Greg Bishop, Ph.D.
Licensed Psychologist

Client Information Sheet - Adult

Today's Date _____

Client Name _____ **Date of Birth** _____

Address _____

City, State, Zip _____

Preferred phone _____ **alternate phone** _____

Email _____

Employer _____

Job Title _____ **Marital Status** _____

If someone else will be paying for your sessions, please give their information here:

Name _____ **Date of Birth** _____

Address _____

City, State, Zip _____

Home Phone _____ **Work phone** _____

Relationship to you _____

Others in house	Relationship	Age	Occupation or Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who referred you to this office? _____

Briefly describe the problems that brought you in today.

Have you previously received treatment from a mental health professional? yes no

If so, name: _____ Approx dates of treatment _____

Reason for previous mental treatment:

How helpful was the previous treatment?

Have you thought about suicide? yes no

Have you attempted suicide? yes no

Have you thought about hurting others? yes no

If you checked yes to any of these boxes, please give details here:

Please describe your current alcohol use:

Please describe your current drug use:

Check any problems you have been experiencing:

Depressed mood		Feel hopeless	
Extreme sadness		Tearful/crying spells	
Trouble concentrating		Memory problems	
Difficulty sleeping		Lack of energy	
Forgetful		Excessive energy	
Change in eating habits		Anger outbursts	
Problems getting along with family		Trouble with the law	
Problems with friends		Strange thoughts	
Don't enjoy usual activities		Irritability	
Trouble doing work		Isolation/withdrawal	
Feeling stressed		Feelings of guilt	
Low self-esteem		sexual problems	
Perfectionistic		Drug/alcohol use	
Worry frequently		Sudden feelings of panic	
Fearfulness		Tense/uptight/nervous	
Frequent headaches, stomachaches		Unusual behavior	

Physician _____ Approx date of last visit _____

Current medical problems:

Current Medications:

Acceptance of Financial Responsibility

I have read the policies and kept it for my records. I agree to abide by all arrangements described therein. I have clarified any questions I had prior to signing this statement.

Signature _____ Date _____