***Please fill out as completely as possible prior to your initial session. It will help me in our work together.***

*E-mail the completed form to IPCS Clinician, or send an e-mail indicating that you will bring it to the first session. Make sure to also bring a signed consent form. Thank you.*

**\***Information on this page is required for insurance billing. Please also bring your insurance card and driver’s license.

Today’s Date: **Parent/Guardian/Spouse**

Full Name: (This information is required when the primary person

Date of Birth: insured on your insurance card is not you) Age: Name:

Sex/Gender/Sexual Orientation: DOB:

Ethnicity/Race: Relationship to the Client:

Religion/Spiritual Beliefs: Phone:

Marital Status: Address and Zip Code:

Occupation:

Address and Zip Code:

Email:

Home phone:

Cell/Office phone:

What is your preferred communication method? :

Instructions for when we are leaving messages on the phone:

Person and phone# to call in emergency:

Referral source and contact information:

**Name of health insurance:** Effective date (s):

Your name as written on the card: Primary person insured:

Individual identification #: Group identification #:

Social security # (if using Tricare/Medicare/Medicaid):

Are you seeking written documentation(s) for benefits, work or court? Yes / No

If yes, please indicate:

\*Please note that there are usually separate fees associated with preparing written documentations that are not covered by insurance.

Presenting problems/Topics you would like to discuss (Be as specific as you can: When did it start, how does it affect you.):

Current medical issues (major medical problems, surgeries, accidents, falls, illness):

Past psychological/medical issues:

Medical and other personals involved in your care (name/phone):

List ALL medications you are presently taking and for what:

Present/past drug/alcohol use (AA, NA, treatments):

Suicide attempts or violent behavior (Describe: ages, reasons, circumstances, how, etc.):

Current or pending civil or criminal litigation, law-suites or divorce and custody disputes:

Past legal/litigation history (Describe past incarcerations, lawsuits and other criminal or civil litigations.):

Present/Past psychological/psychiatric treatment (specify: month year/s, estimated # of sessions, therapist's name, degree, phone & address, initial reason for therapy, Individual /Couple/Family, medication, brief description of the relationship, how helpful the therapy was, and how/why it ended.):

Eating, sleeping, exercise routines:

Family Medical History (Describe any illness that runs in the family: cancer, epilepsy, etc.):

Family History of mental illness, alcohol/drug use, violence (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

Current relationship (years together, name, statement about the nature of the relationship, i.e., friendly, distant, physically/emotionally abusive, loving, hostile, etc.):

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

List people who live in your house:

Children (names/ages & brief statement on your relationship):

Parents (names/ages or years of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

Siblings: (names/ages, & brief statement about the relationship. If deceased: age and cause of death.):

Other significant people in your life:

Other current support system (friendships, co-workers, community, spirituality, etc.):

Please describe relationships and events that have impacted your current functioning, well-being, and personality.

What are your strengths?

What gives you most joy or pleasure in your life?

What are your main worries and fears?

What are your most important hopes or dreams?

Anything else that is important in understanding you and your current situation: