Patient Data

Patient Information: Please fill out completely. Today's Date:_____

Name:_____

Home/Cell Phone:_____ Work phone:_____

Email address: _____

*Please indicate by initialing where we may leave a message: Home/Cell_____ Work_____ Email: _____

Address:_____

City _____State _____ Zip_____

Date of Birth:_____ Sex: Male:____ Female:____ Last 4 SS #:_____

Marital Status: Single:_____ Married:_____ Separated:_____ Divorced:_____ Widowed:_____

Name of spouse/significant other _____

Children's names and ages_____

Employer:_____Occupation:_____

Education (Highest degree/level completed) _____

Emergency Contact (this person may be contacted if there is a medical/psychological emergency)

Name:_____ Relationship: _____

Cell phone_____ Home phone _____

Address_____

Health Information

Please rate your health: Very Good_____ Good_____ Average_____ Declining_____

Recent weight changes: Lost_____ Gained_____

Recent changes in sleep patterns:_____

Are you currently taking any psychotropic medications? Yes_____ No_____

If yes please list them _____

Prescribed by:_____

Are you willing to complete and sign a release of information so your psychiatrist or medical professional may be contacted to coordinate care? Yes_____ No_____

Have you ever used drugs for other than prescribed medical purposes? Yes_____ No_____

If yes please list them_____

Identify any history of psychiatric/emotional/drug or alcohol problems and treatment in your current family and in your family of origin:_____

_____

Susan E. Justitz, Ph.D. 511 E John Carpenter Freeway, Ste 436 Irving, Texas 75062 214-208-9460 sjustitz@gmail.com

Personality Information

Have you ever had any counseling or therapy before? Yes_____ No_____

Outcome_____

Briefly describe what brings you to therapy today. _____

_____

Please circle any of the following words which best describe you **now**: active, ambitious, self-confident, persistent, nervous, hardworking, impatient, impulsive, moody, excitable, judgmental, intelligent, high strung, imaginative, calm, serious, easy-going, shy, good-natured, introvert, extrovert, likable, leader, follower, quiet, stubborn, submissive, lonely, self conscious, sad, fatigued, anxious, sensitive, optimistic, critical, sees the glass half empty, stressed, other_____

Other Information:

Are you currently dealing with any legal issues? Yes _____ No _____ If yes, please explain: _____

_____

Religious/Faith Background

Current Faith involvement_____

Please explain any recent changes in your spiritual life _____

_____

Consent - Please read and initial in the space provided.

_____I understand that the information provided is true and accurate.

_____I understand and agree that I am responsible for payment at the time services are rendered.

_____I have also read and received a copy of Informed Consent and Information.

_____I hereby consent for therapeutic services provided by Susan E. Justitz, Ph.D.

_____

Patient's Signature/Date

_____

Psychologist's Signature/Date

Credit Card Information For Billing (or missed appointments)

_____

Credit Card Number Expiration Date CVV Code Billing Zip Code

Billing address if different from above: _____

Signature authorizing payment for services rendered: _____