Nina Topus Davis, LICSW
309 Lake Avenue
Newton, MA 02461

Personal Information

Name: Todays Date:

Address:

Phone: Home: Cell: Work:

Email:

DOB:

PCP Name: Address: Phone:

Marital Status: Single Married Divorced Separated Partnered Widowed

Spouse or Partner Name: Age: Length of Relationship:

Name of Employer: Position/Title: Length of Employment:

Student: Yes No Name of School:

If Children:

Name Age Sex Live at Home? Yes No

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Insurance Information

Subscriber Name (if not you, include subscriber's DOB):

Subscriber Number:

Co-pay Amount:

Presenting Concern

Please describe your primary reason for seeking therapy.

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Has something happened recently to make you seek therapy now? If so, please describe the event.

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Please check issues that concern you:

- ☐ Health concerns
- ☐ Job concern/stress
- ☐ Difficulty making decisions
- ☐ Impulsiveness
- ☐ Drug/alcohol
- ☐ Trouble relaxing
- ☐ Infidelity
- ☐ Loss or grief
- ☐ Sexual issue
- ☐ Divorce/separation
- ☐ Anxiety
- ☐ Disordered eating
- ☐ Depression
- ☐ Emptiness
- ☐ Panic attacks
- ☐ School problems
- ☐ Financial concerns
- ☐ Family or relationship difficulties
- ☐ Suicidal thoughts

Medical/Psychiatric History

Current Medical Problems:

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Past Medical Problems/Surgeries/Hospitalizations:

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Previous Counseling or Therapy Experience

When:

For What Issues:

Name of Previous Therapist: Phone Number:

Permission to Contact with Signed Consent? Yes No

Prescription/Non-Prescription Medications Dose Prescribing MD

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Alcohol and/or Substance Use/Abuse

Current Use of Alcohol or Drugs (street, marijuana, tobacco, caffeine)

If yes, frequency, quantity, context:

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Past Use/Abuse of Same:

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____
____

Family of Origin

Parents/Step Parents:

Name Age If deceased, when?

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Siblings:

Name Age If deceased, when?

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