NEW CLIENT REGISTRATION FORM

Liz Ross, Ph.D.

Legal Name: _____Preferred name: _____

Name of parent or guardian (if minor): _____

Birth date: _____/_____/_____ Age: _____ Gender: _____

Marital status: Never married Partnered Married Separated

Divorced Widowed

Number of children: _____ Ages: _____

Current address:

_____

_____

Preferred phone number: _____ May I leave a message? Yes ❑ No

Alternate phone number_____ May I leave a message? Yes ❑ No

Email: _____ *May I email you? * Yes ❑ No

*NOTE: Emails may not be a confidential form of communication

Emergency Contact:

_____ _____

Name Relationship

Phone number: _____ Alternate Phone Number: _____

***Consent to contact individual specified above in an emergency situation and disclose nature of the emergency*:**

_____ _____ _____

Signature Printed Name Date

Referred by: _____

Mental Health Information:

Mental health history including past treatments and reason for discontinuation of services:

_____

_____

_____

_____

Have you ever been hospitalized for a psychiatric emergency (please describe)?:

_____

_____

_____

Current mental health treatments (including medications):

_____

_____

Psychiatrist's name: _____
Contact Information: _____
Duration of treatment: _____
If you enter treatment with me for psychological problems, may I tell your psychiatrist so that he or she can be fully informed and we can coordinate your treatment? ❑ Yes ❑ No

Presenting problem/ current symptoms:

_____

_____

Circle the symptoms below that apply to you:

Depressed mood	Mood swings	Rapid speech	Irritability
Panic attacks	Fears/ Phobias	Sleep disturbance	Hallucinations
Memory problems	Alcohol/substance abuse	Body complaints	Disordered Eating
Repetitive thoughts	Anxiety	Difficulty relaxing	Repetitive behaviors
Homicidal thoughts	Suicidal thoughts	Trouble planning	Relationship problems
Difficulty concentrating	Poor appetite/ overeating	Agitation	Trouble concentrating

Has anyone in your family been diagnosed with a psychiatric condition or received mental health treatment (please describe):

_____

_____

General Health Information:

Please list any current physical or medical conditions (e.g. chronic pain, headaches, hypertension, diabetes, thyroid dysfunction, etc.):

_____
_____
_____

Please list any major past medical conditions, hospitalizations, or surgical procedures:

_____
_____
_____

Please list any current medications/supplements you take regularly:

_____
_____
_____

How would you describe your current sleep patterns (circle all that apply)?

Restful/Adequate Sleep Sleep too much Sleep too little Poor quality

Disturbing dreams other: _____

How many times per week do you exercise? _____ days _____ minutes/hours

How would you describe your current eating habits?

Normal Eating less Eating more Bingeing Restricting

Other: _____

Current use of the following substances (frequency of use and amount)

Caffeine: _____
Alcohol: _____
Tobacco: _____
Recreational Drug Use: _____

History of substance abuse (if applicable):

_____
_____

Social History:

Education:
Student Status (circle one): Full-Time Part-Time Nonstudent

Highest Degree Obtained: _____ Year: _____ Institution:

Occupational Information
Employment Status (circle one): Full-Time Part-Time Retired Disabled Unemployed

Employer: _____
Address: _____
Work phone: _____ May I leave a message? ❑ Yes ❑ No
Most recent date of employment if unemployed: _____
Reason for leaving this position: _____

Religious/Spiritual Information
Do you practice a religion? Yes No
If yes, what is your faith?
_____

Relationship Status

Are you currently in a romantic relationship (circle one)? Yes No
If yes, how long have you been in this relationship? _____
On a scale from 1-10 (10 being great), how would you rate the quality of your relationship?
_____

Life Events
In the last year, have you had any major life changes (e.g. new job, moving, illness, relationship change, etc.)?
_____
_____
_____

Goals for treatment:

1. _____
2. _____
3. _____

****Please bring the completed form with you to the initial evaluation. ** Thank you!**