

Today's Date: _____



Welcome to Absolute Happiness Psychotherapy and Consultation, PLLC.

I want to make the most of each appointment we have together. One way of doing this is for you to share some basic information in advance of your first appointment.

Please fill out the following as completely and legibly as possible. This information is confidential. If you have questions or concerns about any of the requested information and wish to leave it out for us to discuss later, please feel free to do so.

Your complete name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone number(s): _____

Email: _____

Age: _____ Birthdate: _____ Birthplace: _____

Primary Insurance company _____

Policy # _____ Group # _____ Phone# (____) _____

Name of insured _____ Mainecare # _____

Do you have any other form of insurance? Yes/No If yes, please indicate below:

Education (highest grade completed, any postsecondary):

Current Occupation: _____

Relationship status (circle one): Single Married Partnered Separated Divorced Widowed

Spouse/Partner's name: _____

Age: _____ Years in relationship: _____

Children (gender, age):

Person to alert in the event of medical emergency:

Emergency Contact's relationship to you: _____

Emergency Contact's phone number: _____

Primary Care Physician (PCP)/ Doctor: _____

PCP's address and phone: _____

Psychiatrist or Other Mental Health Provider:

Psychiatrist or Other Mental Health Provider phone:

Please describe any significant current or past medical problems:

Please list any medications you currently take. Please include prescription and over-the-counter medications and the dosage of each.

Have you had previous psychological care or counseling? (Circle one): Yes No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the care at the time including diagnosis if you know them.

Have you ever been hospitalized for a psychological difficulty? (circle one): Yes No

If yes, please give the dates and the nature of the care at the time including diagnosis if you know them:

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.

Therapy can be a powerful force for change. In order for it to be most effective it helps to have a **clear and specific goal**. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. We can discuss this further when we meet. Feel free to list more than one goal if you wish.

