

## New Patient Information – 2019

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_

Partner's Name \_\_\_\_\_

Names & Ages of Children \_\_\_\_\_

\_\_\_\_\_

Emergency contact person & phone number

\_\_\_\_\_

Referred By \_\_\_\_\_

Primary physician/ phone\_\_\_\_\_

Are you currently taking any medications? If so, please list medications, how they are helping and the prescribing physician

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Have you ever been admitted to a psychiatric hospital? If so, when and what for?

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Do you have any compulsive relationships with mood-altering substances that cause problematic consequences?

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If you are involved in a 12-Step recovery program, how long have you been in recovery?

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Have you seen other body-mind health providers? If so, list names/ approximate dates.

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What type of problem are you having today?

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What physical symptoms/sensations are associated with this? Where in your body are you experiencing the most sensation? Have you had this medically checked? If so, how do you typically care for yourself?

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How would you describe your current mood/feelings?

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How would you describe your spirituality, religion and/or cultural traditions?

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How would you describe your nutrition/food habits?

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How would you describe your exercise/fitness life?

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What is your intention for the first session? What would you like to receive from being here today?

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Please use the reverse to let me know anything else you would like me to know and have on file for you that would be helpful to you.