

# **DIANA W. SHULMAN, J.D., Ph.D.**

COUNSELING AND PSYCHOTHERAPY

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*Please fill out this form as completely as possible. It will help facilitate our work. Information is confidential as outlined in the "New Patient Informed Consent" and the HIPAA Notice of Privacy Practices. Please print or write clearly.*

**NAME:** \_\_\_\_\_ **M/F:** \_\_\_\_\_ **DATE :** \_\_\_\_\_

**DATE and PLACE of BIRTH:** \_\_\_\_\_ **YOUR AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TEL: H:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**HIGHEST GRADE/DEGREE:** \_\_\_\_\_ **TYPE OF DEGREE:** \_\_\_\_\_

**OCCUPATION :** \_\_\_\_\_

**EMERGENCY CONTACT (name and phone):** \_\_\_\_\_

**RELATIONSHIP TO YOU:** \_\_\_\_\_

**REFERRAL SOURCE:** \_\_\_\_\_

**PRESENTING PROBLEM:** (Be as specific as you can. When did it start, how does it affect you...)

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**Estimate the severity of above problem(s):** Mild – Moderate – Severe - Very severe

**CURRENT RELATIONSHIP STATUS:** \_\_\_\_\_ **Live with others?:** \_\_\_\_\_

**Name of partner/roommates:** \_\_\_\_\_

**No. of years together:** \_\_\_\_\_

**Present spouse/partner education:** \_\_\_\_\_

**Present spouse/partner occupation:** \_\_\_\_\_

**PAST & PRESENT MARRIAGE/S** (years together, names and brief statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

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**CHILDREN/STEP/GRAND** (names/ages and a brief statement re: your relationship with the person)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**PARENTS/STEP-PARENT** (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

**Father:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Step-parents** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other caregivers:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIBLINGS** (name/age, if dead: age and cause of death & brief statement about the relationship):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**PAST/PRESENT MEDICAL CARE** (major medical problems, surgeries, accidents, falls, illnesses):

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**SPECIFY MEDICATION** you are presently taking, list dosages, and specify for what condition.  
**PRINT** clearly:

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**ANY OTHER MEDICAL ISSUES:**

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**MAY I CONTACT YOUR PHYSICIAN(s)?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**PHYSICIANS' NAMES AND NUMBERS:**

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- \_\_\_\_\_
- \_\_\_\_\_

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**PAST/PRESENT DRUG/ALCOHOL USE/ABUSE** (AA, NA, treatments): **If yes, please describe:**

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**SUICIDE ATTEMPT/S** or **VIOLENT BEHAVIOR** (describe: ages, reasons, circumstances, how, etc)

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**DO YOU CURRENTLY SMOKE?** \_\_\_\_ **DRINK?** \_\_\_\_\_ **OVER** or **UNDER-EAT?** \_\_\_\_\_  
**If yes, please describe:**

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**Asthma?** \_\_\_\_ **Migraines?** \_\_\_\_ **Major depressive episode?** \_\_\_\_\_

**If yes, how treated?** \_\_\_\_\_

**Manic episode?** \_\_\_\_\_ **If yes, how treated?** \_\_\_\_\_

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**Gastro-intestinal problems (ulcer, IBS, cramping, diarrhea, constipation):** \_\_\_\_\_

\_\_\_\_\_

**Skin problems?** \_\_\_\_\_

**FAMILY MEDICAL HISTORY** (Describe any illness that runs in the family: cancer, epilepsy, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FRIENDSHIPS, COMMUNITY, & SPIRITUALITY** (Describe quality, frequency, activities, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAST/PRESENT PSYCHOTHERAPY** (specify: month year/s (beginning—end), estimated number of sessions, therapist's name, phone & address, Initial reason for therapy, Ind/Couple/Family, medication, Brief description of the relationship and how helpful it was, and how/why it ended):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAY I DISCUSS TREATMENT WITH ANY OF YOUR PRIOR THERAPISTS? (yes/no)** \_\_\_\_\_

**If yes, please list those names and numbers:**

\_\_\_\_\_

\_\_\_\_\_

**DESCRIBE YOUR CHILDHOOD IN GENERAL TERMS** (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

\_\_\_\_\_

**IF PARENTS DIVORCED:** Your age at the time: \_\_\_\_\_. Describe how it affected you then and now:

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**FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE** (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

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**DEATHS IN THE FAMILY** (Your age at the time and describe how it affected you):

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**ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if Yes, please explain):**

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**LIST THE TEN MOST UPSETTING OR DISTURBING TIMES, EVENTS, INCIDENTS OF YOUR LIFE BEGINNING WITH CHILDHOOD:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_  
\_\_\_\_\_

9. \_\_\_\_\_  
\_\_\_\_\_

10. \_\_\_\_\_  
\_\_\_\_\_

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**WHAT GIVES YOU THE MOST JOY OR PLEASURE IN YOUR LIFE?**

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**WHAT ARE YOUR PREDOMINANT WORRIES OR FEARS?**

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**WHAT ARE YOUR MOST IMPORTANT HOPES OR DREAMS?**

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**Please add on the other side of this page or on a separate page any other information you would like me to know about you and your situation.**

**(continue on next page)**

**PLEASE CIRCLE ANY OF THE FOLLOWING THAT APPLY:**

**I have had a complete physical within the past 12 months**

**I currently feel suicidal and /or have a plan I think about**

**I drink alcohol**

**I take drugs not prescribed for me as medication for a medical condition(s)**

**I have been treated for chemical dependence or an eating disorder**

**I hear voices in my head or see things that are not there**

**In the past I have heard voices in my head or seen things that were not there**

**I have been hospitalized for a psychiatric reason or for chemical dependence  
Date and name of facility \_\_\_\_\_**

**I have suffered from or been treated for seizures**

**I have an eye or vision problem unrelated to the need for glasses or contact lenses**