Gregory Wells, PhD
Licensed Psychologist

CLIENT INFORMATION FORM

Full Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Gender: _____

Address:_____
(Street) (City) (State) (Zip code)

Marital Status: _____ Date married (if applicable): _____

Are you currently in an intimate relationship? Yes _____ No _____

If yes, for how long? _____

Employer: _____ Occupation: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Referred to Practice By: _____

Address: _____ Phone: _____

To (re)schedule appointments, where may I call?

Home: Yes _ No _ **Work:** Yes _ No _ **Cell:** Yes _ No _

May I leave a message on the answering machine? Yes _ No _

May I leave a message with someone at this number? Yes _ No _

Please list any restrictions:

_____

***Whom may I contact in case of an emergency*?**

Name: _____ Relationship: _____

Phone: _____ Alternate phone: _____

4257 18th Street • San Francisco, CA 94114 • 415.874.9226 **off** • 415.874.9448 **fax** • www.drgregorywells.com

Please complete the following:

In the space below, please briefly describe the reason(s) for seeking services:

_____

_____

_____

When did this problem begin?

_____

What seems to help the problem? _____

What seems to make the problem worse? _____

Have you ever had previous counseling or psychotherapy? Yes _ No _

If "yes," by whom and when?

_____

Reason for treatment?

_____

Are you currently taking any psychotropic medication (e.g. antidepressants, anti-anxiety, etc.)?

Yes _ No _ *If yes, list medication(s), current dosage(s) and reason prescribed:* _____

_____

_____

Name of Psychiatrist: _____ Phone: _____

Have you ever been psychiatrically hospitalized? Yes _ No _ *If so, when and where?*

_____

Have you ever made a suicide attempt/gesture? Yes _ No _ *If so, please explain:*

_____

Have you ever been in trouble with the law? Yes _____ No _____

If yes, please explain: _____

_____

DEVELOPMENTAL HISTORY

As far as you know, were there any problems with your mother's pregnancy or delivery of you?

Yes __ No __ If yes, please explain: _____

_____

As far as you know, did you walk, talk, and sit up on time? Yes _____ No _____

If no, please explain:_____

Did you have any childhood illnesses, major injuries, or hospitalizations? Yes _____ No _____

If yes, please explain: _____

EDUCATIONAL HISTORY

Schools Attended: Dates:

_____ _____

_____ _____

_____ _____

Special Education? Yes _____ No _____

If yes, type of class: _____

PLEASE MARK ALL THAT APPLY;

_____crying spells
_____unable to have fun
_____feelings easily hurt
_____lacking in confidence
_____constipation
_____feeling grouchy
_____always tired
_____poor appetite
_____depressed
_____trouble sleeping
_____feeling lonely
_____loss of weight
_____not enjoying things
_____suicidal thoughts
_____feeling inferior
_____loss of sexual interest
_____no one understands me
_____worried about health

_____fast heartbeat
_____always worried
_____frequent sweating
_____dizziness
_____shaky hands
_____stomach trouble
_____nightmares
_____feeling tense
_____cold feet and hands
_____feeling panicky
_____diarrhea
_____shy with people
_____muscle twitching
_____nausea or vomiting
_____can't make decisions
_____can't make friends
_____headaches
_____fainting spells

_____money problems
_____relationship concerns
_____work difficulties
_____sexual problems
_____can't hold a job
_____excessive drinking
_____excessive medication use
_____excessive drug use
_____problems with children
_____problems with parents
_____poor physical health
_____fighting and quarreling
_____dislike my body
_____full of energy
_____overly ambitious
_____easily excited
_____quick tempered
_____impatient with people

_____can't concentrate
_____can't "get going"
_____feeling angry
_____don't like being alone
_____lack energy
_____unable to relax
_____feeling fearful
_____overly sensitive
_____anxious inside
_____weight gain
_____binge eating
_____very restless
_____feel like hurting someone
_____feel like smashing things
_____excessive overeating

You have been asked a lot of questions. Can you think for a minute and describe any other problems you have that might be related to what you came here for?

_____

_____

_____

_____

_____

_____

_____

_____