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All information is confidential.

My name is: \_\_\_\_\_ Today's date is: \_\_\_\_\_

My birthdate is: \_\_\_\_\_ My age is: \_\_\_\_\_

My address is: \_\_\_\_\_ zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

I was referred by: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ at phone: \_\_\_\_\_.

Status: Single \_\_\_\_\_ Domestic partnered \_\_\_\_\_ Married \_\_\_\_\_

Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

If partnered or married, person's name \_\_\_\_\_

How long together? \_\_\_\_\_

Partnered or married previously? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Do you have children? (name/age) \_\_\_\_\_

Education: Highest grade or degree \_\_\_\_\_

Mother: Living \_\_\_\_\_ If deceased, when? \_\_\_\_\_

Father: Living \_\_\_\_\_ If deceased, when? \_\_\_\_\_

Siblings? (names/ages) \_\_\_\_\_

Any deceased? \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Length of time in position: \_\_\_\_\_

Mental health insurance company: \_\_\_\_\_

Have you had any illnesses?

Hospitalizations? \_\_\_\_\_ If yes, why and how long?

Medications: \_\_\_\_\_.

Reasons for meds:

Previous counseling? \_\_\_\_\_ If yes, how long?

If yes, what type and with whom? \_\_\_\_\_

when did you discontinue? \_\_\_\_\_ Why?

My last medical check-up was \_\_\_\_\_ (date).

My medical doctor is: \_\_\_\_\_ Phone number: \_\_\_\_\_

I'm interested in therapy because:

What I don't want from therapy is:

Questions I have about therapy: