New Client Psychological History Form

Name____

Address____

Home Phone _____________________________________

Work Phone _____________________________________

Cell Phone _____________________________________

Email ____

Do you have any children or dependents? Y / N
Name: _________________________Age_____
Name: _________________________Age______
Name: _________________________Age______

The following questions are asked in order to offer you a referral list of psychotherapists. This form is completely confidential.
What type of therapy are you interested in?

- Individual
  - Adjustment anxiety
  - Mood disorder
  - Personality disorder
  - Depression
  - Trauma
  - Sexual Abuse
  - Other ____

- Couples
- Group Therapy
- Family
- Child/Play Therapy
- Addiction. Please Specify____
- Transpersonal/Spiritual
- Meditation

Do you prefer your therapist to be a:
Female
Male
Either

Have you been referred by a Psychotherapist that participates with the Maitri Project? If so, who?

____

What are your current symptoms or issues that you would like to work on in psychotherapy?

____

____

____

Do you have any major health issues? If yes, please describe?

____

____

Have you ever worked with a psychotherapist before?

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____

Did you feel your work with this psychotherapist was useful? Did you receive benefit? Was it unsuccessful? Please describe.

____

____

Have you ever received a psychiatric diagnosis? If yes, what was it? What doctor gave you this diagnosis?

____

Are you a survivor of sexual abuse, incest or rape?

____

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Have you been exposed to severe trauma (interpersonal, accident, war, torture, battery, medical, natural disaster, or other traumas)? If yes, please describe.

____

____

Are you currently or were you in the past on any psychoactive medications? If yes, please describe.

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____

Have you ever been hospitalized in a mental or psychiatric hospital? If yes, where and when?
____

I have provided true and accurate information on this form, as I attest by signing below.

Signature___________________________________Date__________________

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