

Helen Marlo, Ph.D.
Licensed Clinical Psychologist (PSY 15318)

General Information

Date: _____

Name: _____ Birthdate: _____ Age: _____
Address: _____ City/State/Zip _____
Phone: (H):(____) _____ (W):(____) _____ (C): (____) _____
Leave Message: _____
Social Security No. _____ Referred by: _____
Emergency Contact (person/relationship/number): _____

Mental Health Issues/Problems (past and present): _____

Family Mental Health Issues/Problems (past and present): _____

Physical Health Problems (past and present): _____

Physician and Phone : _____

Current Medications: _____

Accidents, Injuries, Surgeries, Hospitalizations: _____

Psychotherapy/Psychiatric Hospitalizations: _____

1. Therapist: _____ Phone/Address: _____

Reason/Issues: _____

Process/Outcome: _____

2. Therapist: _____ Phone/Address: _____

Reason/Issues: _____

Process/Outcome: _____

Occupation: _____ Education: _____

Current Partner/Marital Status: _____ Years: _____

Former Partner/Marital Status: _____ Years: _____

Children & Ages: _____

Parents/Step (ages/year of death): _____

Siblings: _____

Legal concerns/problems: _____

Additional Comments: _____

Use space on back if you need to give further information