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This form helps me become familiar with information about you and the reason you are seeking services at this time. Please complete the following information, leaving blank any item that you do not feel comfortable answering. Place a star (*) next to items you would like to emphasize in your psychotherapy experience.

Name: _____ Date: _____

Describe your main reason for seeking therapy/counseling at this time?

What is your age? _____

How do you identify your gender? _____

How do you identify your race? _____

How do you identify your ethnicity or heritage? _____

How do you identify your sexual orientation? _____

How would you describe relationship status? _____

What is your education level? _____

Are you currently a student? _____

What is your current occupation? _____

What is your employment status? _____

If you were raised in a particular religious/spiritual tradition, please identify below:

Please describe the role of religion/spirituality in your life currently:

Have you sought counseling/psychotherapy before? YES NO

If yes, please answer the following questions:

When? _____

How long? _____

With whom? _____

For what? _____

What did you find helpful, or not helpful about your previous counseling/psychotherapy experience:

Have you ever been hospitalized for psychiatric reasons? YES NO

If yes, please answer the following questions:

When? _____

How long? _____

Where? _____

Reason? _____

When was the last time you had a physical? _____

Please list any medical conditions that you have.

Please list any disabilities that you have.

List any medications you are currently taking below:

Over-The-Counter Medications:

Name	Dose	Frequency	Reason
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Prescribed Medications:

Name	Dose	Frequency	Reason	Prescribed by
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How many alcoholic beverages do you consume per week? _____

Indicate what, if any, illicit or mood altering substances that you use currently:

Indicate what, if any, illicit or mood altering substances you have used in the past:

Use the scale below to indicate the degree to which each area is of concern for you. Circle a number for each item.

0-----1-----2-----3-----4-----5
Minimal **Significant**

Feelings of sadness and depression:

0-----1-----2-----3-----4-----5

Feelings of grief and loss:

0-----1-----2-----3-----4-----5

Feelings of nervousness and anxiety:

0-----1-----2-----3-----4-----5

Behaviors/habits/rituals you feel compelled to do in a specific way:

0-----1-----2-----3-----4-----5

Feelings of stress:

0-----1-----2-----3-----4-----5

Feelings of frustration:

0-----1-----2-----3-----4-----5

Inconsistencies in your mood:

0-----1-----2-----3-----4-----5

Thoughts of harming yourself:

0-----1-----2-----3-----4-----5

Thoughts of harming someone else:

0-----1-----2-----3-----4-----5

Health concerns:

0-----1-----2-----3-----4-----5

Sexual concerns:

0-----1-----2-----3-----4-----5

Difficulty sleeping:

0-----1-----2-----3-----4-----5

Eating concerns:

0-----1-----2-----3-----4-----5

Weight concerns:

0-----1-----2-----3-----4-----5

Body image:

0-----1-----2-----3-----4-----5

Substance and/or alcohol use:

0-----1-----2-----3-----4-----5

Traumatic experience(s):

0-----1-----2-----3-----4-----5

Sexual orientation:

0-----1-----2-----3-----4-----5

Oppression:

0-----1-----2-----3-----4-----5

Spirituality:

0-----1-----2-----3-----4-----5

Family Relationships:

0-----1-----2-----3-----4-----5

Social Relationships:

0-----1-----2-----3-----4-----5

Romantic Relationships:

0-----1-----2-----3-----4-----5

Work:

0-----1-----2-----3-----4-----5

School:

0-----1-----2-----3-----4-----5

Financial issues:

0-----1-----2-----3-----4-----5

Legal issues:

0-----1-----2-----3-----4-----5

Other: _____

0-----1-----2-----3-----4-----5

I appreciate your openness in providing the above information and look forward to working with you.