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Psychology for Meaningful Change, P.S.

Client Information

Today's Date: _____

Client Name: _____

In case of emergency address – i.e., your physical location when we have our session(s):

City: _____ State: _____ Zip Code: _____

Mailing address (if different):

City: _____ State: _____ Zip Code: _____

What is your preferred form of contact for appointment-related: Phone Email Text

Phone number (_____)_____ May I leave a message? Yes [] No []

Email address: _____

Date of Birth: _____

Identifying gender: _____ Preferred pronoun(s): _____

Emergency Contact (name & phone number): _____

What is this person's relationship to you? _____

Name of person referring you to me: _____

May I thank this person for referring you? Yes [] No []

SIGNATURE/AGREEMENT I, _____, have read and understood the policies and procedures for psychotherapy with Dr. Wolkenstein. I have had the opportunity to discuss any concerns or questions that I might have. I understand my rights and my responsibilities as outlined in the above-mentioned handout.

Client Signature: _____ Date: _____

Background Information

Client Occupation: _____ Employer: _____

Name of Spouse/Partner (if applicable): _____

Spouse/Partner's Occupation: _____

Have you been in therapy before? Yes [] No []

If yes, when, for how long, and with whom? _____

Are you currently taking any medication for a psychiatric diagnosis? Yes [] No []

If yes, please list your medication(s) and the name of the prescribing physician(s):

Is there a history of mental illness in your immediate or extended family? Yes [] No []

If yes, whom and what diagnosis? _____

Does anyone in your household, and/or immediate or extended family have a problem with addictive behavior (e.g., drugs, alcohol, gambling, shopping, sex, etc.)? Yes [] No []

If yes, whom and what type of addictive or compulsive behavior?

Is there a history of physical, emotional, or sexual abuse in your personal history? Yes [] No []

If yes, please comment on what you feel might be helpful for me to know: _____

Currently or within the last three months, have you contemplated suicide? Yes [] No []

If yes, which most accurately describes what you've thought about:

(a) I think about suicide occasionally, but I have no idea how I would do it.

(b) I think about suicide more and more and I have an idea about how I would do it.

(c) I think about it suicide often, I know how I would do it, and I have the means with which to carry out my plan.

If none of the above describes your personal thoughts about suicide, please describe these thoughts in your own words:

Have you ever attempted suicide? Yes [] No []

If yes, please describe (e.g., when, how, number of attempts, etc.):

Is there a history of attempted or completed suicide in your family? Yes [] No []

If yes, to whom and when did this happen?