

RATE _____
COPAY _____

Larry Kerrigan Ph.D.

PERSONAL DATA FORM

DATE: _____

CLIENT NAME _____ DOB _____ SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE

(H) _____ (C) _____ (W) _____ OCCUPATION _____

Is it okay to call you at the above numbers? Y N Is it okay to leave messages at the above numbers? Y N

SPOUSE NAME _____ DOB _____ SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE

(H) _____ (C) _____ (W) _____ OCCUPATION _____

RESPONSIBLE PARTY (name, phone #) _____

INSURED'S NAME _____ RELATIONSHIP TO CLIENT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF INS. _____ HMO _____ PPO _____

EMERGENCY CONTACT (name, phone #) _____

PRIMARY CARE DR. _____ How did you learn of our services? _____

May we thank the person(s) who referred you? Y N

FAMILY DATA, IF APPLICABLE

NAME	RELATIONSHIP TO CLIENT	AGE/DOB	OCCUPATION	HEALTH STATUS (excellent, good, fair, poor)
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CLIENT NAME (please print) _____

CLIENT SIGNATURE _____ DATE _____

RESPONSIBLE PARTY NAME (if different from client) _____

RESPONSIBLE PARTY SIGNATURE (if different from client and client is under 18)

PERSONAL INFORMATION

Briefly explain why you are seeking therapy now. _____

What do you want to accomplish by the end of therapy? _____

Have you or your family members had previous counseling? Please explain. _____

List your health problems. _____

Current medications: _____

Other problems (eating habits, sleeping or memory problems, abuse, drug or alcohol use)? Y N

If yes, briefly describe. _____

Is there anything else you think I should know? _____

PLEASE FILL IN THE BLANKS BELOW WITH THE NUMBER THAT BEST DESCRIBES YOUR SITUATION

0=Absolutely none, 1=Very little, 2=Little, 3=Moderate, 4=Considerable, 5=Very much, 6=Maximum

- 1. The amount of sadness that I feel is: _____
- 2. The amount of anxiety that I feel is: _____
- 3. The amount of anger that I feel is: _____
- 4. The amount that I distrust people is: _____
- 5. The amount that I am scared or fearful is: _____
- 6. The amount that I feel that I have lost my grasp on reality is: _____
- 7. The amount I feel physical problems are interfering with my life is: _____
- 8. The amount of time I spend thinking about or doing things that do not matter is: _____
- 9. The amount of discomfort that I feel when I am around other people is: _____
- 10. The amount that my problems are interfering with:
 - a. My relationship with spouse, significant other is: _____
 - b. My school/work performance is: _____
 - c. My social life/friends is: _____
 - d. My being a parent is: _____
 - e. How I feel about myself is: _____
- 11. The amount of distress other people see that I have is: _____