



Rachel Robbins, Psy.D.
Licensed Clinical Psychologist
Lic. # Psy22646

Client History

Please complete this form and bring it along with you to our first session. If any question or section feels challenging or brings up more questions, please feel free to leave it blank so that we can go over it together.

Current reason(s) for seeking therapy:

Estimate the severity of the above problem for you (check the one that best applies):

Mild Moderate Severe Very Severe

Personal History

Please list numbers and ages of siblings:

Describe your culture and religion, if any:

Are you at any risk of hurting yourself or others?

Highest grade/degree completed/Years of Education:

How would you describe your current job satisfaction:

How would you describe your current social satisfaction (Are you happy with your group of friends?):

What is your living situation:

Do you have any legal problems?

List any hobbies, sports, travel, community involvement, special talents



Rachel Robbins, Psy.D.
Licensed Clinical Psychologist
Lic. # Psy22646

HEALTH INFORMATION

Have you ever been hospitalized for health reasons? (If yes, please provide details):

Do you have any illnesses or injuries?

Are you currently taking any medications?

Do you have any other sort of ongoing health condition?

Alcohol and Drug Information

Do you use drugs or alcohol (If no, skip ahead)?

How often would you say you use alcohol or drugs?

Is this frequency different from times in the past, and if so, how?

Do you want to make any changes in how you use alcohol or drugs?

Where do you usually drink or take drugs?

Mental Health History

Have you ever been hospitalized for mental health concerns (if yes, please describe)?

Are you taking any psychotropic medications?

RELATIONSHIPS

Are you currently in a relationship?

How would you describe your relationship satisfaction?



Rachel Robbins, Psy.D.
Licensed Clinical Psychologist
Lic. # Psy22646

Are there any other current relationships that are a significant focus in your life right now? Please describe:

Family History

Do you have a history of mental illness in your family (If so, please describe):

Please list any family alcohol or drug history:

How would you describe your relationship with your family?

RECEIPT INFORMATION

Will you be requesting an invoice?

REFERRAL INFORMATION

Who referred you to me or how did you hear of my practice?

OTHER

What do you consider your main strengths?

What are your primary challenges right now?

Please add any additional information that may be helpful to our work together.

Signature and Date

Signature

Date