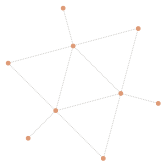


DEBORAH C. WEISBERG

LMFT, LPCC

Patient Information Form

Confidential

PERSONAL DETAILS

Name: _____ DOB: ____/____/____ Age: ____ Gender: ____

Address: _____

Phone Numbers: *Home:* _____ *Cell:* _____ *Work:* _____

Where would you prefer messages to be left? _____

Email: _____ *Please note: Email correspondence is not considered a confidential medium of communication.*

Marital Status: ○ *Never Married* ○ *Domestic Partnership* ○ *Married* ○ *Separated* ○ *Divorced* ○ *Widowed*

Referred by (if anyone): _____

Reason(s) for seeking therapy? _____

What would you like to accomplish during your time in therapy? _____

_____

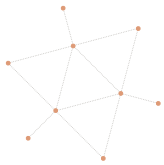
Have you experienced any deaths in your life? _____

If so,

Who died? _____

When did they die? _____

How did they die? _____



DEBORAH C. WEISBERG

LMFT, LPCC

EMERGENCY CONTACT INFORMATION

In Case of Emergency Notify: _____ Phone number: _____

Primary Care Physician: _____ Phone number: _____

Psychiatrist: _____ Phone number: _____

MEDICAL PROBLEMS

_____

_____

_____

_____

_____

MEDICATIONS PAST AND PRESENT

_____

_____

_____

_____

_____

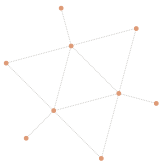
DEBORAH C. WEISBERG

LMFT, LPCC

Name: _____ DOB: ____/____/____ Age: ____ Today's date: ____/____/____

SYMPTOM & SEVERITY *(if applicable)*	MILD	MODERATE	SEVERE	FOR HOW LONG?
Depressed Mood, Hopelessness				
Social Isolation, Loneliness				
Suicidal Thoughts				
Bereavement or Feelings of Loss				
Anxiety, Frequent Worry or Tension				
Panic Attacks				
Anger, Hostility				
Violent Acts				
Obsessive Thoughts				
Strange, Unusual Thoughts				
Memory Problems				
Problems Concentrating				
Compulsive Behaviors				
Gender Dysphoria				
Sexual Problems				
Weight Fluctuations				
Sleep Problems				
Eating Problems				
Communication Problems				
Financial Problems				
Employment Difficulties				
Physical Disability				

SUBSTANCE USE	NO	YES	HOW OFTEN?	SUBSTANCE USE	NO	YES	HOW OFTEN?
Alcohol				Sedatives			
Marijuana				Opiates			
Cocaine				Hallucinogens			
Methamphetamines				Stimulants			



DEBORAH C. WEISBERG

LMFT, LPCC

DEBORAH C. WEISBERG | LMFT, LPCC | LMFT 50800 | LPCC 730

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