

**Bernadette M. Peters, Ph.D.**

**Licensed Psychologist**

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**NEW CLIENT INFORMATION FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Okay to leave messages: Yes \_\_\_ No \_\_\_      Okay to leave messages: Yes \_\_\_ No \_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital/Relationship Status: \_\_\_\_\_ Years in relationship: \_\_\_\_\_

Household Make-Up (please include adult children and children not living with you):

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous therapy? Yes \_\_\_ No \_\_\_

Provider: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

Provider: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been hospitalized for emotional or drug/alcohol treatment? Yes \_\_\_ No \_\_\_

Dates: \_\_\_\_\_ Hospital(s): \_\_\_\_\_

If yes, please describe the circumstances of hospitalization:

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**Please answer the following questions as openly as possible:**

•What concerns bring you to therapy at this time?

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•When did these problems begin?

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•Please list any medications you are *currently taking*:

(medication)	(dose)	(how often)	( prescribed by )	(reason prescribed)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

•Please list any psychotropic medications you have *used in the past*:

(medication)	(dose)	(how often)	( prescribed by )	(reason prescribed)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

•Additional concerns? \_\_\_\_\_

•Who referred you? \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_