

**STEPHEN WHITE, PSY.D.**  
**CLINICAL PSYCHOLOGIST PSY 20739**  
**16496 BERNARDO CENTER DRIVE #307, SAN DIEGO CA 92128-2524**  
**PHONE (619) 922-1579 FAX (858) 362-9100**

**Client History**

**Today's date:** \_\_\_\_\_

Your name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other names used: \_\_\_\_\_

Home street address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Please indicate any restrictions to phone calls or e-mail: \_\_\_\_\_

**Chief Concern** Please describe the main difficulty that has brought you to see me:

\_\_\_\_\_

**Referral:** Who referred you to me? Name: \_\_\_\_\_

Phone: \_\_\_\_\_ May I thank this person for the referral?  Yes  No

**Medical Care:** Clinic/doctor's name: \_\_\_\_\_

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

**Psychiatrist:** Clinic/doctor's name: \_\_\_\_\_

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

**Employment History** beginning with current/most recent job:

Name of employer    From/To    Title/duties    Reason for leaving    How often miss work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education:** School                      From/To                      Did you graduate?                      Special classes?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cultural Issues** (Identification, difficulties, preferences): \_\_\_\_\_

\_\_\_\_\_

**Religious/Spiritual** background and current beliefs/practices: \_\_\_\_\_

\_\_\_\_\_

## Family Information

Relationship	Name	Living	Living w/ you?	Age
Mother		Y N	Y N	
Father		Y N	Y N	
Spouse		Y N	Y N	
Children		Y N	Y N	
		Y N	Y N	
		Y N	Y N	

Significant others (e.g., Siblings, Grandparents, Step-relatives). Please specify relationship.

Relationship	Name	Living	Living w/ you?	Age
		Y N	Y N	
		Y N	Y N	
		Y N	Y N	
		Y N	Y N	

Where were you born: \_\_\_\_\_ Who raised you: \_\_\_\_\_

Family history of mental health concerns/substance abuse: \_\_\_\_\_

Briefly describe your experience growing up in your family: \_\_\_\_\_

### Marital/Relationship History

Name of other person	Person's age when started	Your age when started	Your age when ended	Reason for ending
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Current: \_\_\_\_\_

Previous: \_\_\_\_\_

Previous: \_\_\_\_\_

### Present Relationships - How do you get along with:

Your present spouse or partner? \_\_\_\_\_

Your children? \_\_\_\_\_

Important friends: Name    Good parts of relationship    Bad parts of relationship

\_\_\_\_\_

\_\_\_\_\_

**Therapy History:** Have you ever received psychological, psychiatric, drug or alcohol treatment before?  Yes  No If yes, please indicate:

When? From whom? For what? With what results?

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**Medical Concerns/History:** Please list any significant current/past medical conditions:

Condition	When diagnosed	Current condition?	Impact on life?
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	

**Current Medications**

Medication	Dose	Taken to treat:	Prescribed by:	Taken since:

**Medication History:** Have you ever taken psychotropic medications?  Yes  No

When? From whom? Which medications? For what? With what results?

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**Developmental History:** Did you experience abuse/trauma:  Yes  No

Type of abuse/trauma: \_\_ Sexual \_\_ Physical \_\_ Verbal/Emotional \_\_ Neglect

(Please specify your age, kind of abuse, by whom, effects on you, who/when you told):

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(Please note that therapist may need to report child/elder/dependent adult abuse)

**Alcohol and Drug History** Please provide details about alcohol/drug use:

Name of drug	Most recent use	Typical amount used	Frequency of use	Age first used
Alcohol				
Nicotine				
Marijuana				
Cocaine/Crack				
Crystal Meth				
Hallucinogens				
Heroin				
Inhalants				
Over the counter:				
Other:				

Please describe any difficulties due to drinking/drug use:

\_\_ Housing (Evictions) \_\_ Work (Termination, missing work) \_\_ Social (Arguments)

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**Legal History:** Do you have any current or upcoming legal issues?  Yes  No

If yes, please explain: \_\_\_\_\_

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**Other:** Is there anything else that is important for me to know about? If so, please tell me about it here or on another sheet of paper:

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