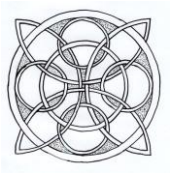

Susan Woodard Psychotherapy, PLLC
2637 Ridgewood Road, Jackson, MS 39216
Tel: 601.532.0096

Patient Information Sheet

Name: _____ Date: _____ Age: _____

Address: _____

Phone: Home _____ Mobile _____

(May I leave detailed messages, including texts, at these numbers: Yes or No)

Email: _____ (May I contact you via email: Yes or No)

Date of Birth: _____ Occupation: _____

Cultural Backgrounds: _____ Religious Background: _____

Interests: _____

Highest Education: _____ Currently in school? _____

Single ___ Married ____ Divorced ____ Separated ____ Partnered ____

Spouse/Partner(s) :_____

Age: _____ Occupation: _____

Names and Ages of Children:

_____

_____

_____

Referral Source? _____

Emergency Contact:

_____

Name Phone # Relationship

Who are the members of your household?

Name Age Relationship

_____

_____

_____

_____

_____

Pets:_____

Family Doctor: _____

Current Medications: _____

Health Issues: _____

Reason(s) for seeking counseling: _____

_____

_____

_____

Background (major experiences you consider relevant):

_____

_____

_____

_____

_____

Do you have any legal issues related to therapy? Yes No

Have you been in therapy before? Yes No

Are you currently seeing a psychiatrist? Yes No

Have you seen a psychiatrist in the past? Yes No

What was the focus of the psychiatric treatment?_____

_____

Were you EVER prescribed psychiatric medications? Yes No

What medications? _____

_____

Are you having any problems with sleep? Yes No

Are you having any difficulty with appetite or eating? Yes No

Have you had a significant weight change in the last 2 months? Yes No

Do you have a history of substance abuse or Other Compulsive Behavior? Yes No

List strengths and qualities you admire about yourself: _____

_____

_____

How much has your current problem interfered with your life? (circle)

Not at all Slightly Moderately Significantly Severely

In what ways have you attempted to cope with this problem? _____

_____

_____

_____

Thank you for taking the time to complete this information.