

Tampa Psychology
Brian Nussbaum, Psy.D.
27446 Cashford Circle #101
Wesley Chapel, FL 33544
(813) 545-7754

CLIENT INFORMATION FORM

Name: _____ Age: ____ Sex: ____ DOB: _____ Email: _____

Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Okay to leave messages (for scheduling)? Y N

Occupation: _____ Marital/Relationship Status: _____

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

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous therapy? Y N If so, when & with whom? _____ For what issue(s) did you go to get help? _____ _____

Please answer the following questions as openly as possible:

•What concerns bring you to therapy at this time? _____

•When did these problems begin? _____

•What have you been doing to cope with these problems? How successful has this been? _____

•What do you hope to accomplish in therapy? _____

•Please list all drugs (including medications) and alcohol you currently use, average amount per use, and frequency:

•Please list any drugs you have recently stopped taking, and when: _____

•Any health concerns? _____

•Any current or anticipated legal problems? _____

•Any past or present suicidal thoughts or feelings? (Please describe) _____

•Any history of substance abuse by you or another family member? _____

•Any history of psychiatric hospitalizations? _____

•Any history of experiencing physical abuse, sexual abuse, or sexual assault? _____

•Any history of head injuries or other noteworthy injuries? _____

•Any eating concerns or problems with sleep? _____

•Additional concerns? _____

Who referred you? _____

Emergency Contact Information:

Name _____ Relationship: _____

Phone: _____