

**Lisa Blum, Psy.D.**

Clinical Psychologist  
CA LIC# PSY19790  
323-633-6138

*Note: In couples' therapy, one partner is listed as the "client" for record-keeping purposes (e.g., medical file, statement of services, etc.) Please indicate below which partner will be the "Client."*

**Client's Full Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Client: Partner 1**

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

DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

Tel. Home: \_\_\_\_\_

Tel Cell: \_\_\_\_\_

Tel Work: \_\_\_\_\_

E-mail \_\_\_\_\_

OK to use e-mail for communication

Employed  No  Part-time  Full-time

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

Student  No  Part-time  Full-time

School/College: \_\_\_\_\_

Calls will be discrete, but in the event that I need to

Cell  Home  Work

**Partner 2**

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

DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

E-mail \_\_\_\_\_

OK to use e-mail for communication

Employed  No  Part-time  Full-time

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

Student  No  Part-time  Full-time

School/College: \_\_\_\_\_

reach you, where is best to leave a message for you?

Cell  Home  Work

**Names and ages of children:** \_\_\_\_\_

**Please list any other professionals currently caring for you or your partner/spouse:** \_\_\_\_\_

**Financially Responsible Party/Billing Information:**

Check here if same as above for  Partner 1  Partner 2

Responsible Party Name: \_\_\_\_\_

Responsible Party's Social Sec. #: \_\_\_\_\_

Do you need a monthly statement of services for your records?  Yes  No

OK to send as pdf document via e-mail?  Yes  No, I prefer to receive a paper copy

**Emergency Contact Information:**

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

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

Who referred you to me? \_\_\_\_\_ May I thank this person? \_\_\_\_\_

Partner 1: \_\_\_\_\_ Date: \_\_\_\_\_

Your responses to the following “yes/no” questions will serve as a springboard for further discussion when we meet. I have not asked for written details here because in most cases it is more useful for us to dialogue about these issues. Please note:

- Your answers will be treated with confidence.
- Please respond only to those questions you feel comfortable answering.

Thank you!

1. Have you ever worked with a counselor or therapist before? Yes / No

2. Have you ever been given one or more psychological tests? Yes / No

3. Have you ever been hospitalized for psychological or emotional problems? Yes / No

4. Are you currently taking any prescription medications? Yes / No

If yes, what are they? \_\_\_\_\_

Prescribed by whom? \_\_\_\_\_

5. Have you ever taken any medications for psychological difficulties? Yes / No

6. Have you ever attempted suicide? Yes / No

7. Have you ever been diagnosed with a serious medical illness? Yes / No

8. Do you have any medical conditions that may affect your mental health treatment? Yes / No

If yes, please describe: \_\_\_\_\_

9. Do you have a visible or invisible disability? \_\_\_\_\_ Yes / No

10. Are you physically active? Yes / No

11. Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Yes / No

12. Have you ever been in a 12-step program? Yes / No

13. Do you drink alcohol? Yes / No

If yes, please describe: \_\_\_\_\_

14. Do you currently use street drugs or controlled substances not prescribed for you? Yes / No

15. Who is your medical doctor? \_\_\_\_\_

16. When did you last meet with him/her? \_\_\_\_\_

17. Do you have any specific goals with regard to your therapy/counseling (please describe)?

\_\_\_\_\_  
\_\_\_\_\_

18. Do you have any particular concerns/fears with regard to therapy/counseling?

\_\_\_\_\_  
\_\_\_\_\_

Partner 2: \_\_\_\_\_ Date: \_\_\_\_\_

Your responses to the following “yes/no” questions will serve as a springboard for further discussion when we meet. I have not asked for written details here because in most cases it is more useful for us to dialogue about these issues. Please note:

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