Sarah Rosenbloom, Ph.D. & Associates
333 E. Ontario St., Suite 4401B

Client Information

Today's date: _____
Provider scheduled to see: _____

Note: If you have been a patient here before, please fill in only the information that has changed.

Identification

Your name: _____Date of birth:_____ Age:_____
Social Security #:_____
Home street address:_____ Apt.:_____
City: _____State:_____ Zip:_____
Home/evening phone: _____ Cell phone:_____
e-mail:_____
Calls or e-mail will be discreet, but please indicate any restrictions:_____
_____

Referral

From whom/where were you referred to our practice?
Name: _____Phone:_____

Medical Care

Clinic/doctor's name:_____ Phone:_____
Address:_____
Are you dealing with any acute or chronic medical illnesses? ☐ Yes ☐ No
If yes, please explain:_____
Are you taking any medications? ☐ Yes ☐ No
If yes, please list:_____

Current Employer

Employer: _____
Address:_____
Work phone: _____
Calls will be discreet, but please indicate any restrictions:_____
_____

Emergency Contact

Name:_____Relation:_____
Phone:_____

Visit Information

Please describe the main issue that has brought you to see us:
_____
_____
_____
_____

Office Use Only: _____

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Treatment History

Have you ever received any of the following services before:

☐ Psychological/counseling ☐ Couples therapy ☐ Alcohol treatment
☐ Psychiatric medication ☐ Family therapy ☐ Drug treatment
☐ Group therapy ☐ Other services:_____

Social History

Marital Status: ☐ Never Married ☐ Separated ☐ Widowed
☐ Married ☐ Divorced ☐ Partnered

Children: ☐ Yes ☐ No

If yes: Name Age Live with you?___

_____

_____

_____

Who is in your immediate family?_____

_____

Who are your primary supports?_____

_____

Legal History

Is your reason for coming related to an accident or injury? ☐ Yes ☐ No
If yes, please explain:_____

Are you currently in litigation? ☐ Yes ☐ No
If yes, please explain:_____

Have you ever been convicted of a crime? ☐ Yes ☐ No
If yes, please explain:_____

Have you ever been arrested or in prison? ☐ Yes ☐ No
If yes, please explain:_____

Additional Comments

Please note anything else that is important for me to know about that you have not previously described:

_____

_____

_____

_____

Insurance Information ***(Blue Cross Blue Shield only)***

Plan ID: _____ Group #:_____
Effective Date: _____ Employer of Cardholder: _____
Primary Cardholder Name: _____
Relation (if not self):_____Date of Birth of Cardholder: _____
Phone Number on back of card: _____

Office Use Only: _____