

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

Birthdate: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

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

Ok to leave VM here? Yes                      No

\_\_\_\_\_

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

What is your preferred form of contact for appointment-related: Phone    Email    Text

How did you hear about me? \_\_\_\_\_

Emergency Contact (name & phone number): \_\_\_\_\_

What is this person's relationship to you? \_\_\_\_\_

If you would like to utilize out-of-network health insurance benefits, please complete the next section. If not, please skip to the "Client Background Information" section of this form.

**Insurance Information**

I would like Dr. Gross to submit insurance claims on my behalf:                      **Yes**    **No**

Carrier's Name: \_\_\_\_\_ Policy or Member #: \_\_\_\_\_

Group Number: \_\_\_\_\_ Type of Plan (PPO, HMO): \_\_\_\_\_

Primary Insured's Name (if different from your own): \_\_\_\_\_

Insured's Birthdate (if different from your own): \_\_\_\_\_

Employer through which the plan is issued (if applicable): \_\_\_\_\_

Co-payment amount, as verified by your insurance company: \_\_\_\_\_

Do you have a yearly deductible that applies to outpatient mental health and, if so, how much remains? \_\_\_\_\_

**Client Background Information**

Client Occupation: \_\_\_\_\_

Spouse or Partner's Occupation: \_\_\_\_\_

Have you been in therapy before?                      Yes    No

If yes, when, for how long, and with whom? \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medication for a psychiatric diagnosis?                      Yes    No

If yes, please list your medication and the name of the prescribing physician: \_\_\_\_\_

Is there a history of mental illness in your immediate or extended family? Yes No

If yes, whom and what diagnosis? \_\_\_\_\_

Does anyone in your immediate or extended family have a problem with addictive behavior (e.g., drugs, alcohol, gambling, shopping, sex, etc.)? Yes No

If yes, whom? \_\_\_\_\_

Is there a history of physical, emotional, or sexual abuse in your personal history? Yes No

If yes, please comment on what you feel might be helpful for me to know: \_\_\_\_\_

Currently or within the last three months, have you contemplated suicide? Yes No

If yes, which most accurately describes what you've thought about:

- (a) I think about suicide occasionally, but I have no idea how I would do it.
- (b) I think about suicide more and more and I have an idea about how I would do it.
- (c) I think about it suicide often, I know how I would do it, and I have the means with which to carry out my plan.

If neither of the above describes your personal thoughts about suicide, please describe these thoughts in your own words:

Have you ever attempted suicide? Yes No

If yes, please describe (e.g., when, how, number of attempts, etc.):

Is there a history of attempted or completed suicide in your family? Yes No

If yes, to whom and when did this happen?