

Background Information Form

Thurman Psychological LLC
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Please fill out this form entirely and to the best of your ability. This form pertains to the client being seen for services.

Today's Date _____ Referral Source _____ Relationship to Referral Source _____

Client Information:

Client's First Name _____ Last Name _____ Date of Birth _____ Age: _____

Address _____ City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____ (Cell) _____

May we leave a message at home, at work, or on cell? (Please Circle)

Family Information:

Birth Mother's Name _____ Birth Father's Name _____

Adoptive/Foster Parent's Names _____ Birthplace: _____

If Client Is A Child:

Name of Guardian _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

If Client Is A Child, With Whom Does He/She Reside:

Name of Caretaker _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Brothers/Sisters Names:

Male/Female

Age

Education History:

Current School _____ Current Grade Level _____

High School Attended _____ Year Graduated _____

Other Degrees or Vocational Training _____ Year Graduated _____

Military History:

Branch _____ Years Served _____ Discharge Rank _____

Legal Issues (Arrests, Jail, Lawsuits):

Marital Status:

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Name of Spouse _____ Years Married _____ Spouse Employer _____

Children Names:

Male/Female

Age

Employment Information:

Current Employer _____ Phone _____

Past Employer _____ Last Year Worked _____

Health Problems:

Current Medication:

Dosage

Reason

Allergies:

Primary Care Physicians:

Tobacco/Alcohol/Drug Use/Gambling Issues:

Current Use

Past Use

Amount

Past Mental Health Treatment/Hospitalizations:

Facility/Therapist Name

Date Treated

Current Problems or Issues:

Psychiatrist Name:

Emergency Contact Information:

Name _____ Relationship _____ Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

For Ongoing Therapy Patients Only:

Psychiatrist's Phone _____

Address _____ *City* _____ *State* _____ *Zip* _____