

Newport Psychology Center  
3990 Westerly Suite 106  
Newport Beach CA 92660  
949-244-5659

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

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

\_\_\_\_\_

Phone number: home \_\_\_\_\_ cell \_\_\_\_\_

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

Reason for today's  
visit: \_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_ self \_\_\_\_ doctor \_\_\_\_ friend \_\_\_\_ family \_\_\_\_ other

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Job: \_\_\_\_\_

Employer \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, how long? \_\_\_\_\_

Children? \_\_\_\_\_ If so, their ages? \_\_\_\_\_

Education: \_\_\_\_\_ Where? \_\_\_\_\_

Where were you raised? \_\_\_\_\_

Brothers/ages \_\_\_\_\_ Sisters/ages \_\_\_\_\_

Religious affiliation: \_\_\_\_\_

Are, or were, your parents married \_\_\_\_ ,if divorced when you were \_\_\_\_ years

My childhood was:

\_\_\_\_\_ very happy \_\_\_\_ happy \_\_\_\_ typical \_\_\_\_ unhappy \_\_\_\_ very unhappy

Is there any history of abuse? \_\_\_\_\_ emotional \_\_\_\_\_ physical \_\_\_\_\_ sexual

Medical history: recent injuries? \_\_\_\_\_

concussions \_\_\_\_\_

chronic illnesses \_\_\_\_\_

I drink \_\_\_\_\_ number of alcoholic drinks per week.

Are you feeling suicidal today? \_\_\_\_\_ in the past month \_\_\_\_\_

Any legal issues? \_\_\_\_\_

Please list any family history of mental health problems. \_\_\_\_\_

Please describe your physical health over all: \_\_\_\_\_

Have you ever seen a mental health professional in the past? Please describe:

\_\_\_\_\_

Please list any hospitalizations in the last 5 years: \_\_\_\_\_

Please list all medications and dosages you are presently taking:

\_\_\_\_\_

I have read and signed the Notice of Privacy Act. I understand and agree to pay for 50 minute sessions at a rate of \$ \_\_\_\_\_ paid at the time of service.

Emergency contact

name \_\_\_\_\_ number \_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_