

Lisa Tallant, Psy.D.

Patient Information

Name _____ Date _____

Address _____

Preferred Phone Number _____

Emergency Number and Relationship to Patient _____

DOB ___/___/___ Medical Conditions _____

Physician Contact Information _____

Current Medication and Dosage _____

Referral Source _____

Previous Therapy Experience _____

What was most/least helpful with previous therapy? _____

What is the reason for seeking therapy at this time? _____

Identify three personal strengths which will help you meet your goals.

Do you wish to incorporate your faith in the therapy process? _____

Please list the nature and history of trauma or abuse _____

Please describe any history of self-harm or self-destructive behaviors

Please describe your alcohol or drug use behaviors.

Please describe the quality of your sleep behaviors.

How would you describe the quality of your social support system?

Please rate your current life satisfaction:

Miserable Unhappy Unsatisfied Neutral Mostly Positive
Happy Fulfilled

Is there any other information which would be useful for me to know
about working with you? _____
