

# **Confidential New Adult Patient Information**

**Revel Miller, Ph.D.**

Please answer all questions as completely as possible. If a question does not apply to you, simply leave it blank. Please print or write clearly. Thank you!

## **Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Place of Birth: \_\_\_\_\_

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

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

Phones that we are permitted to call and leave messages at: Home: \_\_\_\_\_

Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address that we are permitted to use: \_\_\_\_\_

Marital Status:  Married  Co-Habiting  Single  Separated  Divorced  Widowed

Name of Spouse/Significant Other: \_\_\_\_\_ Number & Age of Children: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Physical Health:  Excellent  Good  Fair  Poor

Current or Chronic Health Problems: \_\_\_\_\_

Current Medications & Dosages: \_\_\_\_\_

Primary Medical Doctor: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

Referred By: \_\_\_\_\_ May I thank them for your referral?  Yes  No

## **Previous Psychotherapy**

1. Therapist \_\_\_\_\_ City: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

2. Therapist \_\_\_\_\_ City: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

## **Brief Description of Problem**

Why you are seeking help now? What are your current problems, concerns or goals?

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