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Person Data Form-Adult

Background Information

First Name: _____ Last Name: _____ Today's Date: _____
Maiden/other: _____ Date of Birth: _____ Gender: (circle) M/ F
Social Security #: _____

Home Address:

Street Address: _____ City: _____
State: _____ - Zip Code: _____ -
Home evening phone # _____ Cell #: _____ Work#: _____
E-mail address: _____ May I contact you via e-mail?: Yes No
May I call you and leave a message on your home number?: NO Yes
May I call you and leave a message on your work number?: NO Yes
Please indicate any restrictions: _____

Emergency Contact:

Name: _____ Phone #: _____
Relationship: _____

Insurance Information:

Do you have insurance?: No Yes
*If yes, please speak to me about how to proceed, and you will need to do all communicating with your insurance company. **Insurance information and cards needs to be provided at the time of service and retroactive billing will not be allowed. Insurance billing will commence when proper identification and information is provided to the provider.***

Name of Insurance Company: _____ ID #: _____
Insurer's Name: _____ Insurer's DOB: _____
Insurer's group#: _____ Insurer's Social Security for billing: _____
Insurer's Address: _____
Insurer's Employer: _____
Co-payment per session: _____ Annual Deduction: _____

Current Employer:

Employer: _____ Address: _____

Work Phone: _____

Describe your work history and present work situation:

Are there any work related problems that brought you here today? Yes No
If yes, please explain?

Marital Status:

- Never Married
- Married
- Separated
- Widowed
- Divorced

Do you have any children? No Yes

Name and Ages of children?

Name: _____ Age: _____ Living with you? Yes No

Name: _____ Age: _____ Living with you? Yes No

Name: _____ Age: _____ Living with you? Yes No

Name: _____ Age: _____ Living with you? Yes No

Present Problems:

Why are you seeking psychotherapy?

What are your goals for therapy?

Are you currently being seen for psychotherapy or by a psychiatrist? Yes NO

Name and number/address of physician or psychotherapist?

A signed release is required for any communication between myself and outside providers.

Psychotherapy History:

Therapist/Doctor: #

Dates:

Reason for Treatment:

1. _____

2. _____

3. _____

Please list all medication you currently use (both prescribed and non-prescribed)

Name of medication:	Dosage:	Prescribed by:
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Have you ever attempted suicide? ___ Yes ___ No. If yes, please describe the circumstances , how and when?

Has anyone in your family had psychological or psychiatric problems? If so, please explain?

Has anyone in your family had alcohol or drug problems? If yes, please describe?

For women: Pregnant now? ___ Yes ___ NO Unsure: ___ (Due date: ___)

Medical History-Understanding medical problems may help me plan your treatment.

Do you have any addictions to medications? ___ Yes ___ NO

Please list any history of illness, cancer, hospitalization, injuries and significant medical complications:

Incident/illness/diagnosis:
Outcome:

Date:

Do any of these medical conditions require ongoing involvement by a physician? If so, name and address of treating physician?

Alcohol/Drug History:

Are you in treatment for alcohol or drug use? ____ Yes ____ NO

How much alcohol do you consume each week? _____

Any drug or alcohol related arrests? Please include dates and charge?

Substance	Ever used?	Used in past yr?	Frequency?	Comments
Caffeine				
Tobacco				
Inhalants/Glue				
Marijuana/hash				
Stimulants/amphetamines				
Sedatives/				
Xanax/valium Tranquilizers				

LSD/psychedelics PCP (angel dust)				
Cocaine/crack				
Heroin/Opiates				

Social History

Parents or primary caregivers:

Father: Occupation: _____

Brief description of personality:

What is the major influence your father had on your life?

Mother: Occupation:

Brief description of personality?

Major influence your mother had on your life?

What 2 or 3 events were important in your childhood and adolescence?

Who are the most important people in your life now?

Use three words to describe how you see yourself, then 3 words that describe how you think others see you? Self Others

What are your present interests, activities, hobbies?

Please check off your personal strengths:

- | | |
|---------------------------------------------|--------------------------------------|
| <input type="checkbox"/> likable | <input type="checkbox"/> sensitive |
| <input type="checkbox"/> appearance | <input type="checkbox"/> intelligent |
| <input type="checkbox"/> hopeful | <input type="checkbox"/> witty |
| <input type="checkbox"/> emotionally stable | <input type="checkbox"/> persistent |
| <input type="checkbox"/> healthy | <input type="checkbox"/> loving |
| <input type="checkbox"/> adaptable | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> tolerant | |
| <input type="checkbox"/> resourceful | |
| <input type="checkbox"/> confident | |
| <input type="checkbox"/> creative | |

List your best qualities and strength from above?

How did you hear about me? I would like to contact this person to thank them for the referral. If this is ok, please list their name and sign below.

Referred by?

Signature: _____

Date: _____