

KRISTINA HOUSER, PH. D.
Background Information

Your cooperation in completing this form will facilitate planning services for you. This information is treated confidentially.

Name _____ Today's date _____
Address _____ Day Time Phone _____
Evening Phone _____
Age _____ Birth Date _____ SSN _____
Education _____ Employer _____
Occupation _____ Person to contact for Emergency _____
Relationship _____ Phone Number _____

Please describe what led up to your decision to contact me? _____

Please describe the events in the last six months leading to your decision to contact me:

How long has this been troubling you? _____

Please describe current health problems: _____

Your physician(s) _____
Date of last physical _____
Medications currently taking _____

Please describe any past major health problems and treatment: _____

Previous psychological Treatment: _____

Family psychological treatment: _____

Trauma history: _____

Substance use (past 6 months & current): _____

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Legal history: _____

Please list members in your present household:

(spouse/significant other name) (age) (education) (condition of health) (occupation)

Children: " " " " " "

Others: _____

Please list members of your childhood household:

NAME AGE EDUCATION COND. OF HEALTH OCCUPATION

Parent _____

Parent _____

Siblings: _____

Others: _____

Please add any additional information which you feel would be useful to me: _____

Thank you for taking the time to read & fill out this form and other Intake papers to include:

- _____ Background Information
- _____ Behavioral Health and Primary Care Physician (PCP) Coordination of Care Form
- _____ Billing Intake Information Form
- _____ Consent for Limited Availability of PHI
- _____ Presenting Problems
- _____ Problem or Symptom List
- _____ Policies & Procedure
- _____ Media Policy