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Confidential Client Data Form

CONTACT INFORMATION

Date:

Name:

Street Address:

City/State/Zip:

OK to send mail?

Yes No

D.O.B./place:

Home phone:

OK to call? OK to leave mssg?
 Yes No Yes No

Cell phone:

Yes No Yes No

Work phone:

Yes No Yes No

Email:

OK to email?
 Yes No

Please provide a password that only you and I will know so that I can send you encrypted email:

Please provide a name and phone number of whom to call in case of an emergency:

RECEIPT INFORMATION

Will you be requesting a bill?

Is it for insurance or for a flex spending plan? (Please choose one.)

DEMOGRAPHIC INFORMATION

Sex:

Gender:

Sexual Orientation:

Partner(s)/relationship Status:

Ethnicity:

Occupation / Employer:

REFERRAL INFORMATION

Who referred you to me or how did you hear of my practice?

Current reason(s) for seeking therapy:

Estimate the severity of the above problem:

Mild Moderate Severe Very Severe

HEALTH INFORMATION

Have you ever been hospitalized? (If yes, please provide details):

Are you currently taking any medications? (Please list names, dosages, and prescriber):

Have you previously been in psychotherapy?

When and for what issues?

Was it helpful? (Why or why not?)

Do you have any previous suicide attempts, self destructive behaviors, or violent behaviors? (Indicate age, circumstances, and whether it led to hospitalization or legal problems).

Please list any past/present drug and alcohol use. What have you used and how much? What are you currently using and how much?

RELATIONSHIPS

Do you live with others? What is their relationship to you?

Present Spouse/Partner(s) (first name(s), occupation(s), how would you describe your relationship satisfaction?):

Are there any other current relationships that are a significant focus in your life right now? Please describe:

OTHER

What are your main worries or fears?

What do you consider your main strengths?

What are your primary challenges right now?

What are your most important hopes or dreams?

Please add any additional information that may be helpful to our work together.