

TODAY'S DATE -----

NAME _____	BIRTHDATE _____	AGE _____
ADDRESS _____	HOME PHONE _____	
CITY _____	CELL NO. _____	
EDUCATION _____	OCCUPATION _____	
EMPLOYER _____	INCOME _____	
WORK HOURS _____	WORK PHONE _____	

MARITAL STATUS _____ YRS. MARRIED (OR DIV.) _____

SPOUSE (PARTNER) _____	AGE _____
EDUCATION _____	OCCUPATION _____
EMPLOYER _____	INCOME _____
WORK PHONE _____	CELL PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

HOW WERE YOU REFERRED: _____

PLEASE LIST ANY MEDICATIONS YOU ARE TAKING FOR AN EMOTIONAL DISORDER:

PLEASE LIST ANY PSYCHIATRIC HOSPITALIZAITONS YOU HAVE HAD

ARE YOU A HEAVY DRINKER OR A PROBLEM DRINKER ? IF SO, PLEASE DESCRIBE

HAVE YOU HAD SERIOUS THOUGHTS OF SUICIDE LATELY? IF SO, PLEASE DESCRIBE

WHAT KIND OF PROBLEM ARE YOU SEEKING HELP FOR AT THIS TIME?

May we send you a copy of the Adolescent Behavior Disorders newsletter twice a year? If so, please list your email address. _ _ _ _ _