

Sarah K. Ravin, Ph.D.
Licensed Psychologist
1550 Madruga Ave #225
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CLIENT HISTORY FORM

Name:

Gender:

Date of Birth:

Age:

Marital Status:

Race:

Ethnic/Cultural background:

Religion:

Address:

Email address:

Cell Phone #:

In case of emergency, whom may I contact?

Name:

Phone number:

Relationship to you:

Who referred you to my practice?

Would you like to receive automated appointment reminders?

If yes, would you prefer email reminders, text message reminders, or both?

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Please describe your living arrangements (e.g., living at home with parents, living in college dorm, living in an apartment with boyfriend). Who else lives in the home with you?

Are you currently in school?

If so, what school do you attend?

What is your current grade or year in school?

What is your major?

What is your grade point average?

Do you currently have a job?

If so, where do you work?

What is your job title?

How many hours per week do you work?

How long have you been employed?

Please list any internships or volunteer work that you currently do.

If you have been diagnosed with any medical conditions, psychiatric disorders, or disabilities, please list them here:

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Please list all current medications that you are taking for any reason, including medicine for medical or mental health conditions and birth control pills.

Please list all vitamins and supplements you are currently taking.