Jeremy Blank, Psy.D.

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Confidential Client Information

Welcome! I want to make the most of each appointment you have with me. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

		Zin/Dostal Code
City	F10V/ State	Zip/Postal Code:
Home phone:	Daytime	number:
Age: Birthdate:	Birthplace:	
Education (grade completed, any p	ostsecondary):	
Current Occupation/Employer:		
Person to alert in the event of med	ical emergency:	
Relationship to you:		Phone:
Family Doctor:		Phone:
Relationship status (circle one): S	ingle Married Partnered	d Separated Divorced Widowed
Spouse/partner's 1st name:		Age: Yrs in relationship: _
Children (gender, age):		
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lease list any medications you currently take. Include prescription and over-the-counter nedications and the dosage of each.			
Have you had previous psychological care or counseling? ☐ Yes ☐	No		
If yes, please give the name of the clinician(s), the months you saw them (e.g., No the nature of the difficulty at the time.	v 06 - Feb 07), and		
Have you ever been hospitalized for a psychological difficulty? ☐ Yes ☐	No		
If yes, please give the dates and the nature of the difficulty at the time:			
In your own words, what is the nature of the concern that you wish to address in to describe this in as much or as little detail as you wish. Use additional paper if y			
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Therapy can be a powerful force for change. In order for it to be most effective it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. You can discuss this further with me. Feel free to list more than one goal if you wish.