

**Mary Davis, PhD
Licensed Psychologist**

Personal Information

Name: _____ Age: _____ DOB ___ / ___ / ___ Date: ___ / ___ / ___

Address: _____

Home Phone: _____ Work Phone: _____

SS# ___ - ___ - ___ Employer: _____

Please briefly describe the problem(s) which bring you to therapy: _____

Who referred you? _____

What outcome do you hope for from therapy? _____

Have you been in therapy before? (If yes, please indicate with whom and if it helped. If it was helpful, please describe what helped.)

Was it for the same or a similar problem? Yes / No

Who is your primary care physician?

List any major health problems: _____

Current medications: _____

Relationship Status (circle one): Single /Married /Widowed /Divorced /Other

Number of years in current relationship: _____ Times married: _____

Spouse / Partner's name: _____ Number of children: _____

Children's names /ages: _____