

## PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ (email) \_\_\_\_\_

Please check your preferred contact number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

May I leave a message at this number? Yes \_\_\_\_\_ No \_\_\_\_\_

May I contact you by email? Yes \_\_\_\_\_ No \_\_\_\_\_

Education (Last grade completed) \_\_\_\_\_ Degree

Earned: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Years of Marriage (most recent): \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Children's names & ages:

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Insurance Information (Please complete the following if you intend to file for insurance):

1. Social Security of Insured: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

2. Insured's Full Name (if same as client, skip to item # 4):

\_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

Patient Relationship to Policy holder: \_\_\_\_\_

3. Insured's Address: \_\_\_\_\_

4. Insured's Insurance Plan Name: \_\_\_\_\_

Subscriber # \_\_\_\_\_ Group #. \_\_\_\_\_

Insurance Claim Address:

\_\_\_\_\_

Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_

5. I authorize the release of medical or any other information to process insurance claims regarding service

provided by Dusty Humes, Ph.D.

Signature: \_\_\_\_\_

6. I authorize payment of medical benefits to Dusty Humes, Ph.D.

Signature: \_\_\_\_\_

### Health History

1. Briefly describe your reasons for seeking treatment:

\_\_\_\_\_

2. When did the problem begin and what motivated you to seek treatment now?

\_\_\_\_\_

3. What have you done thus far to address the problem?

\_\_\_\_\_

4. List all past or present mental health treatment:

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5. List all current medications: \_\_\_\_\_

6. List all past psychiatric medications you have taken:

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7. List any non-prescription drugs (e.g., alcohol, marijuana, cocaine) you currently or periodically use:

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Is there anything else that you think that I should know in order to better understand the current problems for which you are seeking treatment?

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