

PHONE.: +1 (310) 207-1720  
FAX: +1 (310) 207-1638  
ADDRESS: 11633 San Vicente Blvd. Suite #106  
E-MAIL: hello@oneneuro.com  
WEB: www.oneneuro.com



## Adult Background Form

Today's date: \_\_\_\_\_

**Note:** If you have been a patient here before, please fill in only the information that has changed.

### A. Identification

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nicknames or aliases: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/evening phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

### B. Referral: Who gave you my name to call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

May I have your permission to thank this person for the referral?  Yes  No

How did this person explain how I might be of help to you? \_\_\_\_\_

\_\_\_\_\_

### C. Religious and racial/ethnic identification

Current religious denomination/affiliation  Protestant  Catholic  Jewish  Islamic  Buddhist  Hindu

Other (specify): \_\_\_\_\_

Involvement:  None  Some/irregular  Active

How important are spiritual concerns in your life? \_\_\_\_\_

Which (if any) church, synagogue, temple, or meeting are you involved with? \_\_\_\_\_

Ethnicity/national origin: \_\_\_\_\_ Race: \_\_\_\_\_ or other similar way you identify yourself and consider important: \_\_\_\_\_

### D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment?  Yes  No

### E. Your current employer

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

Work phone: \_\_\_\_\_ or other means of communication \_\_\_\_\_

Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

Client Information Form 1 (p. 2 of 3)

### F. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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Significant other/nearest friend or relative not residing with you: \_\_\_\_\_

**G. Your education and training**

Dates		Schools	Special classes?	Adjustment to school	Did you graduate?
From	To				

**H. Employment and military experiences**

Dates		Name of employers	Job title or duties	Reason for leaving
From	To			

**I. Family-of-origin history**

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Father	_____				
Mother	_____				
Brothers	_____				
Sisters	_____				
Stepparents	_____				
Grandparents	_____				
Uncles/aunts	_____				
Others	_____				

**J. Marital/relationship history**

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Spouse's name                                      Spouse's age                                      Your age when married                                      Has spouse remarried?

First \_\_\_\_\_

Second \_\_\_\_\_

Third \_\_\_\_\_

**K. Significant non-marital relationships**

Name of other person                                      Person's age                                      Your age                                      Reasons for ending

First \_\_\_\_\_

Second \_\_\_\_\_

Third \_\_\_\_\_

Current \_\_\_\_\_

**L. Children** Indicate those from a previous marriage or relationship with "P" in the last column.

Name                                      Age                                      Gender                                      School                                      Grade                                      Adjustment problems?                                      P?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**M. Is there any other information you think we should know?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_