

CLIENT INFORMATION
Sophie Soltani, PsyD
www.sophiesoltani.com

745 Buena Vista Avenue Alameda, CA 94501
2171 Shattuck Avenue Berkeley, CA 94704

Phone: (510) 523-4300

1. Today's Date

2. Name

3. Street address

City

State

Zip Code

4. Home phone

Cell phone

Work phone

eMail address

5. Person to call in emergency

Phone

6. Date of birth

Age

7. Partner/spouse name

8. Number of Marriages

Years of Marriage

Years Since Divorced

9. Number of Children

Daughter

Son

10. Occupation

Length of Employment

11. Highest level of education

12. Employer

Employer Address

13. Insurance Company

Phone number

Policy number

Insured's name

Group number

Relationship to insured

Date of birth

14. Is the condition related to:

a. Employment (Current or Previous)

Yes

No

b. Auto Accident

Yes

No

Place (State)

c. Other Accident?

Yes

No

d. Seeking disability for condition

Yes

No

15. Disability

16. Medical doctor

Phone

17. Current medication(s) name(s)

Anti-psychotic

Anti-Anxiety

Anti- Depression

Psycho-stimulant

Mood stabilizer/Anti-Convulsant

Non-Psychotropic

Antabuse

Injectable

Other

18. Past medication(s) name(s)

Anti-psychotic

Anti-Anxiety

Anti- Depression

Psycho-stimulant

Mood stabilizer/Anti-Convulsant

Non-Psychotropic

Antabuse

Injectable

Other

19. Reasons you decided to enter therapy

20. Name of Referring Physician or Other Source

21. Have you seen a psychotherapist before? Yes No

If yes, name of the therapist

Treatment dates

Reasons for seeking psychotherapy

Outcome

22. Have you ever been hospitalized for psychiatric reasons? Yes No

If yes, please describe and include dates

23. Past and present drug and alcohol use?

25. Do you have a family history of alcoholism, psychological problems, violence, or suicide?

26. Any past trauma?

If yes, approximate date

Describe

27. Current living situation

28. What causes you stress?

29. How do you manage your stress?

30. How do you describe your social support network?