Marc J. Diener, PhD

(646) 246-1662

1800 Rockaway Ave, Suite 206A
Hewlett, NY 11557

1025 Northern Blvd., Suite 201
Roslyn, NY 11576

Patient Information Form 2

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

A. Identification

Name:____Date: ______________________

B. Chief concern

Please describe the main difficulty that has brought you to see me:___________________________________

____

____

____

C. Treatment

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?
   ❑ No ❑ Yes If yes, please indicate:

When?	From whom?	For what?	With what results?

(cont.)

2. Have you ever taken medications for psychiatric or emotional problems?
❑ No ❑ Yes If yes, please indicate:

When?	From whom?	Which medications	For what?	With what results?

D. **Relationships in your family of origin**

Please describe the following:
1. Your parents' relationship with each other: ______

2. Your relationship with each parent and with any other adults present: ______

3. Your parents' medical problems, drug or alcohol use, and mental or emotional difficulties: ______

4. Your relationship with your brothers and sisters, in the past and present: ______

(cont.)

E. Abuse history

❑ I was not abused in any way ❑ I was abused

If you were abused, please indicate the following:

For kind of abuse, use these letters:
P = Physical, such as beatings.
S = Sexual, such as touching/molesting, fondling, or intercourse.
N = Neglect, such as failure to feed, shelter, or protect.
E = Emotional, such as humiliation, etc.

Your age	Kind of abuse	By whom?	Effects on you?	Whom did you tell?	Consequences of telling?

F. Present relationships

1. How do you get along with your present spouse or partner? ____________________

2. How do you get along with your children? ____________________

3. Your important friends, past and present:

Names	Good parts of relationship	Bad parts of relationship

(cont.)

G. Chemical use

1. How many cups of regular coffee do you drink each day?______How many cups of tea?_____. How many sodas/pop with caffeine (Coke, Pepsi, Mountain Dew, Dr. Pepper, Orange Crush, etc.)?_____How many "energy drinks"?_____How often do you use No Doz or similar caffeine pills?________.
2. How much tobacco do you smoke or chew each week? ____
3. Have you ever felt the need to cut down on your drinking? ❑ No ❑ Yes
4. Have you ever felt annoyed by criticism of your drinking? ❑ No ❑ Yes
5. Have you ever felt guilty about your drinking? ❑ No ❑ Yes
6. Have you ever taken a morning "eye-opener"? ❑ No ❑ Yes
7. How much beer, wine, or hard liquor do you consume each week, on the average? ______________________________
8. Are there times when you drink to unconsciousness, or run out of money as a result of drinking? ❑ No ❑ Yes
9. Have you ever used inhalants ("huffing"), such as glue, gasoline, or paint thinner?
❑ No ❑ Yes If yes, which and when? ____
10. Which drugs (not medications prescribed for you) have you used in the last 10 years? __________________________
____
____

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, their effects, and so forth: ____
____
____

H. Legal history

1. Are you presently suing anyone or thinking of suing anyone? ❑ No ❑ Yes If yes, please explain:
____
____

2. Is your reason for coming to see me related to an accident or injury? ❑ No ❑ Yes If yes, please explain:
____
____

3. Are you required by a court, the police, or a probation/parole officer to have this appointment?
❑ No ❑ Yes If yes, please explain: ____
____
____

(cont.)

4. List all the contacts with the police, courts, and jails/prisons you have had. Include all open charges and pending ones.

Under "Jurisdiction," write in a letter:
F = federal, S = state, Co = county, Ci = city.

Under "Sentence," write in the time and the type of sentence you served or have to serve (AR = accelerated or alternate resolution, CS = community service, F = fine, I = incarceration, Pr = probation, Po = parole, O = other, R = restitution).

Date	Charge	Jurisdiction	Sentence	Probation/Parole officer's name	Your attorney's name

5. Your current attorney's name:____Phone: ___________________

6. Are there any other legal involvements I should know about? ____

____

____

I. Other

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper: _______________________________

____

____

____

____

____

____

Please do not write below this line.

____

J. Follow-up by clinician

Based on the responses above and on ❑ interview data ❑ records I reviewed ❑ other information,
I have asked the client to complete and/or I have completed the following forms: ❑ Chemical use survey ❑ Suicide risk assessment summary and recommendations ❑ Mental status evaluation report Other:_____________________

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.