

**Paul R. Sussman, Ph.D.**  
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## New Client Information

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

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

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone (Please indicate if discretion is necessary)

Home (\_\_\_\_)\_\_\_\_-\_\_\_\_  Yes  No Work (\_\_\_\_)\_\_\_\_-\_\_\_\_  Yes  No

Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_  Yes  No E-mail (\_\_\_\_)\_\_\_\_-\_\_\_\_  Yes  No

Referral Source (Please provide the name and phone number of the person or agency that referred you for psychotherapy.)

Name \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

May I notify the referral source that you have made an appointment?  Yes  No

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

**Gender**  Male  Female  Other **Ethnicity** \_\_\_\_\_ **Religion** \_\_\_\_\_

Highest Level of Education Completed \_\_\_\_\_

Relationship Status  Single, not dating  Single and dating  Married

Divorced  Committed Relationship  Widowed

My preferred method of payment: Visa  MasterCard  Cash  Check

\_\_\_\_\_  
**Employer** \_\_\_\_\_ **Job Title** \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Previous Psychotherapist** \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Psychiatrist \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Current Medical Conditions or Illnesses \_\_\_\_\_

\_\_\_\_\_  
Current Medications and Dosages \_\_\_\_\_

\_\_\_\_\_  
**Presenting Issues** (Please describe the concerns that lead you to seek therapy.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete other side

Are you currently using any substance (alcohol or other drugs) in a manner, which concerns you has concerned others who know you?

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Do you or any member of the family in which you were raised have a history of substance abuse or dependence?

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What are your goals in seeking mental health services?

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*Please rate and comment on the following factors regarding your current level of satisfaction or dissatisfaction on each of the following dimensions.*

<p><b>Work/ Career</b></p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Extremely Dissatisfied                      Very Satisfied</p>	<p><b>Comments</b></p>
<p><b>Romantic Relationship</b></p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Extremely Dissatisfied                      Very Satisfied</p>	<p><b>Comments</b></p>
<p><b>Family Relationships</b></p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Extremely Dissatisfied                      Very Satisfied</p>	<p><b>Comments</b></p>
<p><b>Friends/ Social Support</b></p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Extremely Dissatisfied                      Very Satisfied</p>	<p><b>Comments</b></p>
<p><b>Exercise/ Fitness</b></p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Extremely Dissatisfied                      Very Satisfied</p>	<p><b>Comments</b></p>

<p><b>Sex</b>            0 1 2 3 4 5 6 7 8 9 10</p> <p>                    Extremely Dissatisfied            Very Satisfied</p>	<p><b>Comments</b></p>
<p><b>Spirituality</b> 0 1 2 3 4 5 6 7 8 9 10</p> <p>                    Extremely Dissatisfied            Very Satisfied</p>	<p><b>Comments</b></p>
<p><b>Life Goals</b>    0 1 2 3 4 5 6 7 8 9 10</p> <p>                    Extremely Dissatisfied            Very Satisfied</p>	<p><b>Comments</b></p>