

Neal & Neal's Thee Answer Psychological and Counseling Services

190 Sierra Ct. Ste A6-308
Palmdale, CA 93550
(661) 418-2918

Confidential Questionnaire

(please use other side of sheet for more room if needed)

Name: _____ Date: _____

Date of Birth: _____ Age: _____ SS#: _____
(for insurance company) (for insurance company)

Address: _____ Home Phone (____) _____

_____ Cell/Work Phone (____) _____

Reason for coming to therapy: _____

Marital Status: _____ Name of Spouse/Significant Other _____

Children: (names and ages): _____

Previous Therapy (dates and therapist name): _____

Current Medical or Psychiatric Problems: _____

Current Medications: _____

Physician Name: _____ Phone: (____) _____

Hospitalizations: (year and reason) _____

Emergency Contact Name and Number: _____

With whom do you live? _____

Drug/Alcohol History: _____

Social Workers Name & Phone Number: _____

Social Workers Email Address: _____

(Social Workers information if applicable)