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### NEW PATIENT INFORMATION FORM

Today's Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Hand Preference: \_\_\_\_\_

#### Contact Information

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

#### Family Constellation –Adult Clients

Significant Other's Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Age: \_\_\_\_\_ Educational Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Does the client have children? (*circle one*) Yes No

Name(s)	Age	Quality of Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Family Constellation –Child Clients

Father's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Educational Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

*Circle One:* Biological Parent      Adoptive Parent      Stepparent

Please describe the quality of their relationship: \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Educational Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

*Circle One:* Biological Parent      Adoptive Parent      Stepparent

Please describe the quality of their relationship: \_\_\_\_\_

\_\_\_\_\_

The parents are (*circle one*): Married      Separated      Divorced      Never Married

Please explain. \_\_\_\_\_

If the client was adopted, at what age? \_\_\_\_\_

Is the client aware of the adoption? *Please explain.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all others living in the home:

Name

Age

Relationship to Client

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe other significant figures in the client's life. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe cultural/ethnic identification and/or religious/spiritual affiliation and their role in family life. \_\_\_\_\_

**FOR WHAT PROBLEM(S) ARE YOU SEEKING HELP?** \_\_\_\_\_

General Behavior of Client/Child Patient(*check all that apply*):

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="radio"/> Friendly, Outgoing  | <input type="radio"/> Optimistic      | <input type="radio"/> Sharing           |
| <input type="radio"/> Shy                 | <input type="radio"/> Pessimistic     | <input type="radio"/> Selfish           |
| <input type="radio"/> Easygoing, Calm     | <input type="radio"/> Caring          | <input type="radio"/> Respectful        |
| <input type="radio"/> Irritable           | <input type="radio"/> Uncaring        | <input type="radio"/> Defiant           |
| <input type="radio"/> Hardworking         | <input type="radio"/> Cooperative     | <input type="radio"/> Takes Risks       |
| <input type="radio"/> Lazy                | <input type="radio"/> Stubborn        | <input type="radio"/> Cautious          |
| <input type="radio"/> Prefers Company     | <input type="radio"/> Confident       | <input type="radio"/> Generally Happy   |
| <input type="radio"/> Prefers to be Alone | <input type="radio"/> Expects Failure | <input type="radio"/> Generally Unhappy |

Notes: \_\_\_\_\_

Problem Areas (*check all that apply*):

Thoughts

- |                               |                                  |                                  |
|-------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> Worries | <input type="radio"/> Obsessive  | <input type="radio"/> Odd        |
| <input type="radio"/> Fears   | <input type="radio"/> Compulsive | <input type="radio"/> Disturbing |

Notes: \_\_\_\_\_

Behavior

- Compulsive
- Repetitive
- Odd
- Messy
- Inattentive
- Short Attention Span
- Distractible
- Impulsive
- Hyperactive
- Accident Prone
- Runs Away From Home
- Tantrums, Angry Outbursts
- Bullies
- Argues
- Defiant, Oppositional
- Fights
- Lies
- Steals
- Legal Problems
- Destroys Property
- Sets Fires
- Cruel to Animals
- Reckless, Careless
- Disruptive

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mood

- Mood Swings
- Sadness
- Depression
- Crying Spells
- Irritable
- Withdrawn
- Boredom
- Nervousness
- Anxiety

Notes: \_\_\_\_\_  
\_\_\_\_\_

Appetite

- Decrease       Increase       Weight Changes

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sleep

- Nightmares
- Night Terrors
- Insomnia
- Sleepwalking
- Will Not Sleep Alone

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

School

- Missing School Due to Illness
- Skipping Classes/School
- Learning Problems
- Speech Problems
- Poor School Work

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Developmental History**

Mother's pregnancy was (*circle one*):      Normal      Complicated

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

Medication use during pregnancy? *Please describe.* \_\_\_\_\_  
 \_\_\_\_\_

Client's condition at birth (*circle one*):      Normal      Abnormal

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

Birth Weight: \_\_\_\_\_

As an infant, client was (*check all that apply*):

- Easy to Manage
- Alert/Responsive
- Irritable
- A Poor Eater
- Demanding
- A Poor Sleeper

Additional Information: \_\_\_\_\_

At what age did the client:

Sit up unassisted	_____	Toilet trained	_____
Crawl	_____	Use words	_____
Walk without support	_____	Use sentences	_____

Toilet training was (*circle one*):      Easy    Difficult

Notes: \_\_\_\_\_

### Significant Life Events

Please indicate any important events in the client's life (*check all that apply*):

- |  |  |  |
|--|--|--|
| <input type="radio"/> Change of residence            | <input type="radio"/> Step-parent problems     | <input type="radio"/> Rejection by family members                    |
| <input type="radio"/> Change of schools              | <input type="radio"/> Sibling birth            | <input type="radio"/> Suffered/Witnessed significant accident/injury |
| <input type="radio"/> Change of custody              | <input type="radio"/> Step-sibling problems    | <input type="radio"/> Other severe fright or trauma                  |
| <input type="radio"/> Marital conflict               | <input type="radio"/> Family economic problems | <input type="radio"/> Death of family member                         |
| <input type="radio"/> Parents separated              | <input type="radio"/> Family job problems      | <input type="radio"/> Death of friend                                |
| <input type="radio"/> Parents divorced               | <input type="radio"/> Other family problems    | <input type="radio"/> Death of pet                                   |
| <input type="radio"/> Parental visitation problems   |  |  |
| <input type="radio"/> Post-divorce parental problems |  |  |
| <input type="radio"/> Parent(s) remarried            |  |  |

Please describe. \_\_\_\_\_

### School History

Current School: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Has the client repeated a grade? *Please explain.* \_\_\_\_\_

Has the client skipped a grade? *Please explain.* \_\_\_\_\_

Please describe the client's academic grades. \_\_\_\_\_

Is or has the client even been involved in special education? *Please explain.* \_\_\_\_\_

Does the student have an IEP? yes  no

Is the student on a 504 plan? yes  no

Has there ever been any indication of a learning problem? *Please describe.* \_\_\_\_\_

Please describe the client's study habits. \_\_\_\_\_

Please describe the client's behavior in school. \_\_\_\_\_

Has the client ever been suspended or expelled from school? *Please explain.* \_\_\_\_\_

Is the client involved in extra-curricular activities? *Please describe.* \_\_\_\_\_

**Social/Recreational Activities**

What activities does the client do for fun? *Please describe.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours per week does the client engage in leisure activities? \_\_\_\_\_

Please describe the client's friendships. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the client satisfied/happy with his or her social life? *Please explain.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Adult Employment History**

Are you currently employed? (*circle one*)    Yes            No

Occupation: \_\_\_\_\_

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

How many hours per week? \_\_\_\_\_

Please describe the nature of the employment. \_\_\_\_\_

\_\_\_\_\_

Do you have problems with co-workers or supervisors? *Please explain.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you satisfied with your job? *Please explain.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please describe past employment history:

Employer	Dates	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been fired? *Please explain.* \_\_\_\_\_  
\_\_\_\_\_

### Legal History

Have you ever been involved in criminal or civil proceedings? (*circle one*) Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

(*check all that apply*):

- Suspended/Revoked driver's license
- Conviction for misdemeanor
- Conviction for felony
- DUI/DWI
- Shoplifting
- Assault/Battery
- Property Damage
- Other

Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged or arrested for any offense involving drugs or alcohol? (*circle one*)

Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation? (*circle one*) Yes No

If yes, please explain the reason and terms of probation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a family history of legal problems? (*circle one*) Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

### Medical History

Please describe the client's current physical health. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the client currently taking medication? (*circle one*)                      Yes                      No  
Please describe. \_\_\_\_\_

Has the client have allergies? (*circle one*)                      Yes                      No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the client ever had a serious accident or injury? (*circle one*)    Yes                      No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the client ever been medically hospitalized? (*circle one*)        Yes                      No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the client ever undergone surgery? (*circle one*)                      Yes                      No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the client sexually active? (*circle one*)                      Yes                      No  
If yes, how many partners? \_\_\_\_\_  
Please describe the client's sexual orientation. \_\_\_\_\_

Has the sexual activity resulted in pregnancy? (*circle one*)                      Yes                      No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Please describe the client's knowledge of contraception. \_\_\_\_\_  
\_\_\_\_\_

Please describe the sources of sexual information available to the client. \_\_\_\_\_  
\_\_\_\_\_

Is there a family history of chronic illness or disease? (*circle one*)                      Yes                      No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Alcohol and Substance Use Assessment**

Current use of alcohol? *Please describe frequency and amount of alcohol use.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this ever been a problem for you?     Yes     No  
Have you ever been in treatment for this?  Yes     No  
Please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever tried to stop drinking and/or using drugs?     Yes     No

Is there a family history of alcohol and/or substance abuse? (*circle one*)    Yes    No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Suicide Assessment**

Do you currently have suicidal thoughts/ideation? *Please describe.* \_\_\_\_\_

\_\_\_\_\_

If you were to experience suicidal thoughts, what would keep you from acting on them? \_\_\_\_\_

\_\_\_\_\_

Have you previously had suicidal thoughts/ideation? (*circle one*)    Yes    No

Have you ever attempted suicide? *Please describe.* \_\_\_\_\_

\_\_\_\_\_

Do you know anyone who has committed suicide? (*circle one*)    Yes    No

*Please describe relationship to this person.* \_\_\_\_\_

\_\_\_\_\_

**Anger Concerns**

Do you or your child have problems with anger? (*circle one*)    Yes    No

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

How do you or your child deal with frustration? *Please describe.* \_\_\_\_\_

\_\_\_\_\_

Is there a family history of aggressive behavior, assaults, violence toward others?

(*circle one*)    Yes    No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_



Is the client currently taking psychotropic medication?  Yes  No  
Please describe. \_\_\_\_\_  
\_\_\_\_\_

Is there a family history of mental health problems?  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your child ever been psychiatrically hospitalized? (*circle one*) Yes No  
If yes, please indicate the facility: \_\_\_\_\_  
Dates of treatment: \_\_\_\_\_  
Please describe the reason for hospitalization: \_\_\_\_\_  
\_\_\_\_\_  
What was the treatment experience like? \_\_\_\_\_  
\_\_\_\_\_

Has the client ever been involved in residential treatment? (*circle one*) Yes No  
If yes, please indicate the facility: \_\_\_\_\_  
Dates of treatment: \_\_\_\_\_  
Please describe the reason for treatment: \_\_\_\_\_  
\_\_\_\_\_  
What was the treatment experience like for the client? \_\_\_\_\_  
\_\_\_\_\_