

Jonas Horwitz, PhD

The information you provide in these forms will be kept confidential. Please print out these forms, fill them in, and bring them to our first session. This will help us get started more quickly. If the information changes as therapy continues, especially your contact information and mailing address, please update the data for our records.

Name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

Home or mobile phone: (\_\_\_\_\_) \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

(If you prefer that I not contact you by e-mail, leave blank.)

Marital status: \_\_\_ Single \_\_\_ Married \_\_\_ Committed relationship \_\_\_ Separated  
\_\_\_ Divorced \_\_\_ Widowed

Number of children: \_\_\_\_\_

Their names and ages: \_\_\_\_\_

Who lives with you? \_\_\_\_\_

Are you employed? \_\_\_ Yes \_\_\_ No

If yes, name of employer: \_\_\_\_\_

Job title: \_\_\_\_\_

If you are a student, name of school: \_\_\_\_\_

If you were referred to Dr. Horwitz, by whom: \_\_\_\_\_

Brief Mental Health History:

Have you previously been in therapy? \_\_\_\_ Yes \_\_\_\_ No

If yes, name of the therapist and approximate dates of service:

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Have you ever been hospitalized for mental health reasons? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give the name of the hospital, approximate dates, and why you were hospitalized:

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Have you ever been prescribed psychiatric medication? \_\_\_\_ Yes \_\_\_\_ No

If yes, who was the prescribing physician, and what medicines were prescribed:

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Are you taking any other medications? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list them and give the name of the prescribing physician:

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How is your current health, in general?

\_\_\_\_ Very good \_\_\_\_ Good \_\_\_\_ Satisfactory \_\_\_\_ Poor

List any physical or health problems you are currently experiencing:

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Do you use alcohol or recreational drugs? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give frequency and amounts:

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