

# Spectrum Psychological Associates, Inc. Background Information

**Personal Data of the Patient:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Briefly describe the reason for this appointment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any treatment goals or expectations that you have: \_\_\_\_\_  
\_\_\_\_\_

Have you or anyone in your family used Spectrum Psychological Associates, Inc. services previously? \_\_\_\_\_

If yes, under what names: \_\_\_\_\_

Have you or anyone in your family ever seen a mental health provider? \_\_\_\_\_

If yes, who, when, and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of work do you do? \_\_\_\_\_ Full time or part time? \_\_\_\_\_

What kind of work does your spouse/partner do? \_\_\_\_\_ Full time or part time? \_\_\_\_\_

Are you married? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Are you divorced? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Please list your highest level of education completed (for example: high school graduate): \_\_\_\_\_

Please list your spouse/partner's highest level of education completed: \_\_\_\_\_

Please list the names, ages and gender of your children.

Name	Age	Gender (circle one)
_____	_____	M / F
_____	_____	M / F
_____	_____	M / F
_____	_____	M / F

Do you have any medical or physical problems? \_\_\_\_\_ If yes, please describe:

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

Please list any medications you are taking (including dosage if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any significant medical problems in your family? \_\_\_\_\_ If yes, please describe:

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

**PLEASE TURN OVER**

**Spectrum Psychological Associates, Inc.**  
**Background Information**

Do you smoke tobacco? \_\_\_\_\_ If yes, please list the amount: \_\_\_\_\_

Please list the amounts and types of beverages with caffeine that you consume on a daily basis:

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How much alcohol do you drink in a typical week? \_\_\_\_\_

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Does anyone in your family have any problems with alcohol? \_\_\_\_\_ If yes, please describe:

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