

Steve Byrne, Psy.D.
Licensed Psychologist
NY 019730

160 Allens Creek Rd., Suite 160
Rochester, NY 14618
(585) 340-7135

NEW CLIENT QUESTIONNAIRE

Full name: _____

Preferred name or nickname: _____

Date of birth: _____

Gender: _____

Marital/relationship status (married/single/dating, etc.): _____

Home Address: _____

Primary phone number: _____ Secondary phone number: _____

Okay to leave messages (circle one): Yes No Okay to leave messages (circle one): Yes No

Occupation: _____ How long? _____

Emergency contact: _____ Phone: _____

Relation to client: _____

Insurance plan: _____ Policy number: _____

Name of insured: _____ Insured's date of birth: _____

Insured's address (if different): _____

Have you ever been in counseling or therapy in the past? If yes, when and why?

Have you ever been prescribed medication to treat a mental health condition? If yes, please list medications taken and when prescribed:

Have you ever been hospitalized for mental health reasons? If yes, when and why?

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What do you hope to gain from therapy?

How did you learn of my services (or who referred you)?

Please rate the psychological difficulties you are experiencing:

	Mild	Moderate	Severe	Past History?	Family History?
Anxiety-Generalized					
Anxiety-Social					
Panic Attacks					
Depression					
Suicidal Thoughts					
Homicidal Thoughts					
Alcohol Problems					
Other Drug Problems					
Traumatic Experiences					
Mood Swings					
Identity Concerns					
Relationship Concerns					
Career Issues					
Adjustment Problems					
Financial Concerns					
Sexual Concerns					
Gender Identity Concerns					
Sexual Orientation Concerns					
Obsessive Thoughts					
Compulsive/Repetitive Behaviors					
Eating Issues					
Sleep Problems					
Other (please describe)					