

Dr. Ann Lane
licensed psychologist
Maryland and Northern Virginia
301 346 9941

drann44@gmail.com

Please fill out the following questionnaire as completely as possible. The information is for my records and will not be released without your written consent.

Name: _____

Date of First Session: _____ Todays Date: _____

Social Security #: _____

Date of Birth: _____

Address:

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Is it OK to leave a message on your home phone? Y__ N__ work phone? Y__ N__

Insurance Co. Name: _____

Insurance ID# _____

Group ID# _____

Person to contact in case of

emergency: _____

Occupation: _____

Employer: _____ Physician/Psychiatrist:

List major health problems: _____

List any medications you are taking presently _____

Have you ever had psychological treatment before? []yes []no

If yes, please give dates and reason _____

Have you ever been hospitalized for psychiatric reasons? []yes []no (If yes, explain

briefly) _____

Marital status: []M []S []D []Other/specify _____

Number of children and ages: _____

Highest grade completed

Please place a check next to areas in which you may be experiencing some difficulties: []

Family []Health []Legal []Marital (or other romantic relationship) []Academic

[]Social []Work []Other (please specify)

Please place a check next to feelings you have been experiencing lately: []Anger []

Anxiety []Attention/concentration problems []Depression []Disappointment

[]Fears []Forgetfulness []Guilt/regrets []Hopelessness []Inferiority, Inadequacy/

Insecurity

[]Loneliness []Nervousness []Sadness []Shyness []Stress []Other (please specify)

Are you presently having thoughts of hurting yourself? []yes []no

Have you thought of hurting yourself and/or have made attempts to hurt yourself in the past

[]yes []no If yes, please explain briefly

Do you have thoughts of hurting another person? []yes []no If yes please explain briefly

Do you have or have you ever had problems with drugs or alcohol? []yes []no If yes please describe briefly

Have you recently suffered the loss of a loved one? []yes []no

If yes, please indicate the relationship to you

Please describe in your own words why you are seeking psychotherapy at this

time:

The purpose of this form is to provide me with some background information. It is not mandatory for you to answer the more personal questions if you are not yet comfortable. Other than basic identifying information can be addressed when we meet and when you are ready to disclose.

