

Richard Born, Ph.D. LLC  
Applied Psychological Health Services  
One Huntington Rd. #205 Athens, GA 30606  
**EVALUATION ONLY**

Patient Name: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Who Referred You? \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING YOURSELF:

Who is your primary physician? \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

What other physicians do you see on a regular basis and for what problem?

Physician	Problem
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What medications are you taking:

Name of Medication	Date Started	Dosage	Prescribed by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any over-the-counter medications, herbs, or other supplements you take:

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

Do you have any allergies to medications? \_\_ Yes \_\_ No

Please list any allergies you have:

What is your occupation? \_\_\_\_\_

What level of formal education have you reached? \_\_\_\_\_

Do you have children?

\_\_ Yes \_\_ No. If "Yes", please list their names and ages:

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

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Do you smoke cigarettes? \_\_\_Yes \_\_\_No use other tobacco products? \_\_\_Yes \_\_\_No  
Do you use alcohol? \_\_\_Yes \_\_\_No Do you use other psychoactive drugs? \_\_\_Yes \_\_\_No  
What is you estimate of your average caffeine intake per day? \_\_\_\_\_

Have you ever been in trouble with the law? \_\_\_Yes \_\_\_No  
Are you presently involved in any litigation? \_\_\_Yes \_\_\_No

Do you have health problems? \_\_\_Yes \_\_\_No

If 'Yes', please describe what they are

Have you ever been to a counselor, psychologist, or psychiatrist, or been admitted to a psychiatric hospital? \_\_\_  
Yes \_\_\_ No. If "Yes", please list who you saw, when, and for what purpose.

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Have any of your family members (parents, grandparents, aunts, uncles, siblings, etc.) experienced emotional problems or been in psychiatric treatment? \_\_\_Yes \_\_\_No

If 'Yes', please list who and what type of problem: \_\_\_\_\_

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Please add any additional information that you think is important for us to know about your history:

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Thank You,

Richard Born, Ph.D.