

DIANE PUCHBAUER, PSY.D.

LICENSED CLINICAL PSYCHOLOGIST #21870

225 N.EUCLID AVE. UPLAND, CA 91786
562-547-0137 (cell)

112 W. BENNETT AVE. GLENDORA, CA 91741
diane@dianepuchbauer.com

Personal Information Sheet

Date _____

Name _____ Date of Birth _____ Age _____

Home Phone _____ Cell Phone _____

Please indicate any restrictions on leaving phone messages or sending correspondence

_____ Email _____

Home Address _____

Employer _____ Occupation _____

OR School/Grade _____

Relational Status Single Dating Married Divorced Separated Widowed Cohabiting

Spouse or Partner's Name _____

Children's or Sibling's Name	Gender	Age	Living with you?

Religious or Spiritual Affiliation, if any _____

Emergency Contact _____ Phone _____

Address _____ Relationship to you _____

Have you previously attended therapy? Yes No

If "Yes", please provide the following information:

Therapist's Name	Phone number	Dates of therapy	Reason for Therapy

Briefly describe whether previous therapy was helpful or not. What was helpful or not-so-helpful?

Have you ever been hospitalized for a mental or emotional condition? Yes No

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Have you ever attempted suicide? Yes No

Have you ever engaged in self harm behaviors? Yes No

If "yes", Briefly describe _____

Medical Doctor _____ Phone _____

Date of last physical exam _____ Results _____

Please list all current medications and dosages, both prescription and over-the-counter.

Please list any health problems.

What brings you to therapy?

What would you like to achieve in therapy?

Who referred you to Dr. Puchbauer? _____