DIANE PUCHBAUER, PSY.D.

LICENSED CLINICAL PSYCHOLOGIST #21870

225 N.EUCLID AVE. UPLAND, CA 91786 112 W. BENNETT AVE. GLENDORA, CA 91741
562-547-0137 (cell) diane@dianepuchbauer.com

Personal Information Sheet for Couples

Date_____

Name_____ Date of Birth_____ Age_____

Home Phone_____ Cell Phone_____

Email_____

Address_____

Employer _____ Occupation _____

Name_____ Date of Birth_____ Age_____

Home Phone_____ Cell Phone_____

Email_____

Address (if different)_____

Employer _____Occupation_____

Please indicate any restrictions on leaving phone messages or sending correspondence

_____

Relational Status ☐ Single ☐ Dating ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Cohabitating

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

Religious or Spiritual Affiliation, if any _____

Emergency Contact_____Phone_____

Address_____Relationship to you

Has either of you previously attended therapy? _____ ☐ Yes ☐ No _____ ☐ Yes ☐ No

If "Yes", please provide the following information if therapy was recent:

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

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

_____

_____

Has either of you ever been hospitalized for a mental or emotional condition?_____ ☐ Yes ☐ No

Has either of you ever attempted suicide?_____ ☐ Yes ☐ No Felt suicidal?_____ ☐ Yes ☐ No

Have you ever engaged in self harm behaviors? ☐ Yes ☐ No

If "yes", Briefly describe_____

Medical Doctor if currently experiencing serious illness_____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?_____