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Name _____

Home Address _____

Mailing Address _____

Email Address _____ OK to email you? Yes / No

Phones: Home _____ Work _____ Cell _____

OK to leave a message? Home? Yes/ No Work? Yes/ No Cell? Yes/ No

Do you want monthly statements so you can bill your insurance company for reimbursement? Yes / No

Age _____ Date of Birth _____ Birth Place _____

Occupation _____

Phones: Home _____ Work _____ Cell _____

Are you: Married _____ Single _____ Separated _____ Divorced _____ Partnered _____

Names and ages of any children you have _____

Names & Ages of persons living in your home & Your relationship to them: _____

Emergency Contact #: _____ (name and relationship to you)

Previous therapy? Yes ___ No ___ Approximate Dates/Years _____

How was your experience? _____

Have you ever been hospitalized for psychological/emotional difficulties? Yes ___ No ___

Have you ever been hospitalized for other medical reasons? Yes ___ No ___

Have you ever or do you currently have the urge to harm yourself? Yes ___ No ___

Have you ever or do you currently have the urge to harm others ? Yes ___ No ___

Name any medications, (over the counter, prescription, or vitamins) you take regularly: _____

What motivated you to set up an appointment now? _____

If you need more space for any answer, please continue writing on the back...

What do you expect to accomplish while working with a therapist? _____

Family of Origin Information

Mother living: Yes _____ No _____ If yes how old? _____ If no, year of death _____

Father living: Yes _____ No _____ If yes how old? _____ If no, year of death _____

Siblings first names & ages: _____

Years your parents were together/Married _____ If divorced how old were you? _____

With whom did you grow up? _____

Where did you grow up? _____

Describe your mother or guardian in 3-5 words: _____

Describe your father or guardian in 3-5 words: _____

Do you identify with any ethnicity and or Religion now or while growing up? _____

Work and Health

Is your current work satisfying? Yes _____ No _____ Why? _____

How is your general overall health? _____

Do you have any health concerns? _____

Add any additional comments or questions here:

If you need more space for any answer, please continue writing on the back...