

Toby Beach_{LMSW, PLLC}

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Please provide the following confidential information. Please Print.

Today's Date _____

Name _____ **Preferred Name** _____
First Middle Last

Address _____
Number Street City State Zip

Home # _____ **Cell #** _____ **Work #** _____

Social Security Number: _____ **Email:** _____

Date of Birth _____ **Age** _____ **Sex:** F M Other

Employer _____ **Job Title/Occupation** _____

Religious Affiliation or Spiritual Practice _____

Primary Care Physician _____ **Date of Last Exam** _____

Psychiatrist (if applicable) _____ **Date of Last Appointment** _____

Emergency Contact(s)

Name(s) _____

Relationship(s) _____

Day Telephone # _____

Do You Have Any Medical Problems or History of Medical Problems? Yes No

If Yes, Please Explain:

Current Medication(s), Dosage, & Prescriber (Prescription/Herbal/Other):

Listing of Prior Treatment

Beginning with the most recent, please list all professionals (psychologists, psychiatrists, counselors, social workers, pastoral counselors, etc.) and facilities (hospitals, alcohol and drug programs, clinics, etc.) that have provided psychological evaluation and/or treatment.

Client Initials	Type of Service (counseling, hospitalization, etc)	Provider	Dates of Service
	
	

Has anyone in your family (blood relatives) ever been diagnosed with a mental illness?

Has anyone in your family ever attempted suicide?

My current symptoms include (Circle all that apply):

sadness irritability insomnia crying spells suicidal thoughts no pleasure no energy
trouble sitting still trouble concentrating fear changes in appetite racing thoughts feeling
paranoid confused or forgetful excessive or inappropriate guilt panic attacks
indecisiveness impulsivity relationship difficulties alcohol abuse sleeping too much
hopelessness worrying helplessness low self esteem troubling thoughts panic attacks
thoughts of harming others feeling out of control

excessive or in appropriate anger physical symptoms: _____

Others: _____

If Applicable, if Client is a Minor Provide Provide the Following Information

Parent’s Marital Status: ___ Married ___ Separated ___ Divorced ___ Widowed

Do Parents/Legal Representative Have a Custody Order or Arrangement?

___ Yes ___ No

If Yes, Please Specify:

___ **Joint Physical Custody**

___ **Joint Legal Custody**

___ **Sole Physical Custody**

___ **Sole Legal Custody**

Attach a copy of the current Custody Order or Arrangement along with this form.

Signature

Date

Toby Beach, LMSW, PLLC

Date

Please Initial: _____