Dawn S. Dilley Ph.D. HSPP
Clinical Health Psychologist

Adult Client Information

Preferred Name: ______________________________

Legal Name: ______________________________ Pronouns: ____________

Residential Address: ______________________________
Street Address City State ZIP

Main Telephone: ____________ Work Telephone: ____________

Date Of Birth: ____________ Age: _____ Place Of Birth: ____________

What do you do during the day (volunteer, job, parenting, etc.) ____________

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Employer/School: ______________________________

Job/Position/Major: ______________________________

Emergency Contact: ______________________________

Relationship To You: ____________ Telephone: ____________

Who lives in the house with you (relationship and age): ____________

List siblings and other family not living with you. ____________

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Relationship Status? For How Long?______________________________

Name & Number Of Primary Care Physician: ____________

Name & Number Of Referring Doctor or Person: ____________
(If Different Than Above)

Name & Number of Psychiatrist, If Any: ____________

Name & Number of Past Psychotherapist(s): ____________

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Allergies: ______________________________

How do you identify yourself? (ex. Gay male, married, German, Buddhist, etc)

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Signature: ______________________________ **Date:** ____________