Dr. Romi Mann
Clinical Psychologist (PSY 25226)
415.508.7664 | romi@drromimann.com | www.drromimann.com

Biographical Information

Today's Date: ____/____/_____

First Name: _____ Last Name: _____ M.I. ___

Ethnic/Cultural Identity: _____

Gender: _____ Age: _____

Sexual Orientation: _____

Current Relationship Status: _____

Current Living Situation: ☐ live alone ☐ with partner or spouse ☐ with roommate(s)
☐ with parents or other family members
☐ other, specify: _____

Last school grade completed or highest degree earned: _____

Occupation: _____

Current Employment Status: ☐ full-time ☐ part-time ☐ student ☐ not employed outside the home
☐ other, specify: _____

Current Employer, if applicable: _____

How long at present job, if applicable: _____

Income: ☐ $0 - $29,999 ☐ $ 30,000 – 49,999 ☐ $50,000 - $74,999
☐ $75,000 - $99,999 ☐ $100,000 - $149,999 ☐ over $150,000

Military service: _____

How long have you lived in this area? _____

How did you hear about my practice?
- ☐ Friend or acquaintance: _____
- ☐ Referring provider, if so, provider's name: _____
- ☐ Insurance panel directory
- ☐ Good Therapy
- ☐ Network Therapy
- ☐ Psychology Today
- ☐ Other therapy directory or website, if so, please list: _____
- ☐ Internet search (Google, Bing, Yahoo, etc.)
- ☐ Other, specify: _____

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Health and Social History

How would you describe your physical health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

	No	Yes	Details
Any significant medical problems, now or in the past?			
Any chronic or recurring medical conditions?			
Have you ever been hospitalized, medically?			
Have you ever been hospitalized for psychiatric reasons?			
Have you experienced any other significant medical issues (serious injuries, loss of consciousness, surgeries, etc.)?			
Are you currently taking any medication, including psychiatric medication?			
Have you taken psychiatric medications in the past?			
Do you currently consume alcohol and/or recreational drugs? If yes, list substance, frequency, and amount.			
Did you previously consume alcohol and/or recreational drugs? If yes, list substance, frequency, and amount.			
Do you have any previous suicide attempts, self-destructive, or violent behaviors?			
Have you ever been injured or hurt by someone who was physically or sexually abusive to you?			

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Physical and Mental Health Care

Health Insurance Company (even if not using for therapy) _____

Do you have a primary care physician (or clinic)? ☐ No ☐ Yes
If yes (Name/Location/Phone Number):

_____

_____

Have you ever seen anyone for psychotherapy? ☐ No ☐ Yes
If yes, when and for how long?

_____

_____

_____

_____

Are you currently under the care of a psychiatrist, psychologist, or therapist? ☐ No ☐ Yes
If yes (Name/Location/Phone Number):

_____

_____

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Family Information

Please complete this chart as thoroughly as possible (add an extra sheet if more room is needed).

	First Name (only)	Age (or age & year of death)	Marital Status	Would you describe your relationship with this person as close, neutral, high conflict, distant, or other?	Does this person have or have they had a psychiatric illness, including substance or alcohol abuse?
Spouse or partner					
Children					
Father					
Mother					
Step parents					
Siblings					