

Dr. Faith Brown

CONFIDENTIAL INFORMATION

Date: _____ Social Security #: _____

Name: _____ Age: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: _____

Email: _____

Referred by: _____

Marital Status: _____ Children: _____ Age(s): _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Employer: _____ Your Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: (____) _____

Health Inquiry:

Height: _____ Weight: _____

Do you exercise regularly? Yes: _____ How Often: _____ No: _____

Briefly explain your medical history/medical diagnoses: _____

Primary Care Physician: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Other Healthcare Professionals involved in your care:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Do you regularly use alcohol? _____ How often? _____

Are you using illegal substances (recreationally or otherwise)? Yes: _____ No: _____

What/When? _____

Are you abusing or have you abused prescription drugs? Yes: _____ No: _____

If yes, why? _____

List Drugs: _____

Multicultural Inquiry:

Religious Affiliation: Active _____ Not Active _____ Not Applicable _____

Spiritual Journey: Active _____ Not Active _____ Not Applicable _____

Do you practice yoga or any form of meditation? Yes: ___ How Often: _____ No: _____

Gender Identification: Male _____ Female _____ Transgendered _____

Ethnicity: _____

Have you been or are you in therapy? Yes: _____ No: _____

If so, with whom, why, where, when:

Have you participated in human potential work? (Workshops, 12-Step Programs, Religious Retreats, etc):

Please explain any transitional or significant life events of the last 2 years:

Do you participate in any retirement savings program? Yes: _____ No: _____

If no, are you interested in learning more? Yes – Now: _____ Yes- Not Now: _____

No: _____

State briefly what you which to accomplish today: _____

On a scale of 1 to 10, how motivated are you to evolve to the next level of cognitive thinking and integration (1- not motivated; 10- highly motivated)? _____

This questionnaire is confidential