

BACKGROUND INFORMATION FORM

Thurman Psychological LLC

402-715-4321 (Phone)

402-715-4343 (Fax)

www.thurmanpsychological.com

6818 Grover St, Suite 305
Omaha, NE 68106

300 W Broadway, Suite 3
Council Bluffs, IA 51503

Please fill out this form entirely and to the best of your ability. This form pertains to the client being seen for services.

Today's Date _____

Referral Source _____

CLIENT INFORMATION:

First Name _____ Last Name _____ Date of Birth _____ Age: _____

Address _____ City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____ (Cell) _____

May we leave a message at home, at work, or on cell? (Please Circle)

FAMILY INFORMATION:

Mother's Name _____

Father's Name _____

Adoptive/Foster Parent's Names _____ Birthplace (Client): _____

IF CLIENT IS A CHILD:

Name of Legal Guardian _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

IF CLIENT IS A CHILD, WITH WHOM DOES HE/SHE RESIDE:

Name of Caretaker _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Brothers/Sisters Names:

Male/Female

Age

EDUCATION HISTORY:

Current School _____ Current Grade Level _____

High School Attended _____ Year Graduated _____

Other Degrees or Vocational Training _____ Year Graduated _____

MILITARY HISTORY:

Branch _____ Years Served _____ Discharge Rank _____

LEGAL ISSUES (Arrests, Jail, Lawsuits):

MARITAL STATUS:

Single ____ Married ____ Divorced ____ Separated ____ Widowed ____

Name of Spouse _____ Years Married _____ Spouse Employer _____

Children Names:

Male/Female

Age

EMPLOYMENT INFORMATION:

Current Employer _____ Phone _____

Past Employer _____ Last Year Worked _____

PHYSICAL HEALTH PROBLEMS:

CURRENT MEDICATION:

Dosage

Reason

Allergies: _____

Primary Care Physician: _____

TOBACCO/ALCOHOL/DRUG/GAMBLING ISSUES: Current Use Past Use Amount

Past Mental Health Treatment/Hospitalizations: Facility/Therapist Name Date Treated

CURRENT MENTAL HEALTH PROBLEMS OR ISSUES:

Psychiatrist Name: _____ **Therapist Name:** _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____