

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

421 W Broadway, Suite 305
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 _____