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Client Information

Name: _____ Age: _____ Date of Birth: _____

Occupation: _____ Employer: _____ Phone #: _____

Address: _____ Email: _____

Highest Level of Education: _____ Degree: _____

Current Relationship Status: _____

Partner Name: _____ Partner Occupation: _____

Emergency Contact

Name: _____

Relationship: _____ Phone #: _____

Medical History

Primary Physician: _____

Please list any significant health problems:

Please list any medications and who prescribes them:

Any previous therapy? If so, when and with whom?

What problems are you experiencing? Please be as specific as possible.

Have you ever been hospitalized for psychiatric reasons? If so, please list reasons for hospitalization, dates, hospitals, & diagnosis.

Have you ever thought about or attempted suicide or self harm?

Do any immediate or extended family members have psychological, medical, or substance abuse problems? Please be as specific as possible.

I give Dr. Montague permission to leave messages via: ___text ___email ___voicemail

Sign: _____ Date: _____

How were you referred to Dr. Montague? _____
