

**Stephanie Montague, Ph.D.**  
**1600 Shattuck Ave., Suite 200**  
**Berkeley, CA 94709**  
**(317) 506-1666**

**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:

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Please list any medications and who prescribes them:

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

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

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

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

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

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How were you referred to Dr. Montague? \_\_\_\_\_

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I give Dr. Montague permission to leave messages via: \_\_\_text \_\_\_email \_\_\_voicemail

Sign: \_\_\_\_\_ Date: \_\_\_\_\_