

**Christopher Emerson, Ph.D.**  
Licensed Clinical Psychologist PSY23147  
1900 E. Tahquitz Canyon Way, Suite C-3  
Palm Springs, CA 92262  
310.550.4560 / 213.220.1794

**CLIENT INFORMATION (PHI)**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Work Name / Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prior Psychological Treatment / Hospitalizations: \_\_\_\_\_

\_\_\_\_\_

Health Conditions / Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Prescribed By: \_\_\_\_\_

Referred By: \_\_\_\_\_

Reason you are seeking therapy: \_\_\_\_\_

Are you currently involved in a lawsuit, pending litigation or court action, or other legal matter? \_\_\_\_\_

**Please complete this form only if you wish to pay by credit card.**

Credit Card # (if applicable): \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

I authorize Dr. Emerson to make charges on my credit card for psychotherapy sessions at our agreed upon hourly rate, including any cancellations without the required 24-hour notice and/or no-show appointments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CLIENT INFORMATION (PHI)**

Name: \_\_\_\_\_

Please circle the symptoms you are currently experiencing:

	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>How Long</u>
Depressed Mood	1	2	3	_____
Hopelessness	1	2	3	_____
Suicidal Thoughts	1	2	3	_____
Appetite Changes	1	2	3	_____
Weight Change	1	2	3	_____
Poor Concentration	1	2	3	_____
Obsessive Thoughts	1	2	3	_____
Strange Thoughts	1	2	3	_____
Tension/Anxiety	1	2	3	_____
Panic Attacks	1	2	3	_____
Memory Problems	1	2	3	_____
Compulsive Behavior	1	2	3	_____
Hostility or Anger	1	2	3	_____
Violent Acts	1	2	3	_____
Social Isolation	1	2	3	_____
Sexual Problems	1	2	3	_____

Please circle to indicate current use:

Alcohol Use:    None                    1-4 times per month                    2-3 times per week                    Daily

Amount:    1-2 drinks per sitting    2-4 drinks per sitting                    5 or more drinks per sitting

Intoxication:    Never                    1-4 times per month                    3-4 times per week                    Daily

Circle all currently used or used in last year :

Marijuana    Sedatives    Stimulants    Cocaine    Opiates    Hallucinogens

Nicotine    Caffeine    None

Frequency: \_\_\_\_\_

Have you ever been arrested?    Yes    No