

LARRY G. BROOKS, PhD

3810 Hollywood Blvd, Suite 2, Hollywood, FL 33021

Phone: 954-962-3888 | Fax: 954-962-3936 |

Client Information

Identification information:

Name: _____ Today's Date: _____

Date of birth: _____ Place: _____ Social Security #: _____

Home street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Is it ok to leave a message at these numbers? _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone (home): _____ Phone (cell): _____

Marital status: Single Married Partnered Separated Divorced Widowed

Referral: Who gave you my name to call?

Name: _____ Relationship: _____

May I have your permission to thank this person for the referral? Yes No

Your Education:

- 0- 8 years Technical School graduate
- Some High School Some College
- High School Graduate College Graduate
- Some Technical School Advance or professional degree

Your occupation: _____

- Full time Part time Unemployed Retired Disabled

How long employed here? _____ How long in the same field? _____

Prior Occupations (positions, dates, reasons for leaving):

Ethnicity: Caucasian Hispanic African American Asian Native American Haitian

Other: _____

Religious Affiliation: _____

LARRY G. BROOKS, PhD

3810 Hollywood Blvd, Suite 2, Hollywood, FL 33021

Phone: 954-962-3888 | Fax: 954-962-3936 |

Please briefly describe the issues or concerns for which you are currently seeking services.

Have you previously sought or received psychological/ psychiatric help or counseling? Yes No

If yes, please describe the following:

Names	Profession	City	Dates	Description
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Have you ever been hospitalized for psychiatric care? Yes No

If yes, please describe the following:

Place	Dates	Description
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Have any members of your family previously sought psychological/ psychiatric help or attempted suicide?

Yes No

If yes, describe briefly: _____

If currently married, when? _____ If separated or divorced, when? _____

If married more than once, give dates of prior marriages, how terminated, number of children:

Please describe your current living arrangement: _____

LARRY G. BROOKS, PhD

3810 Hollywood Blvd, Suite 2, Hollywood, FL 33021

Phone: 954-962-3888 | Fax: 954-962-3936 |

Children:

Names	Sex	Age	Living with you?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Family:

	Name	Age	Education	Occupation	Comment (e.g., health)
Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____
Sisters	_____	_____	_____	_____	_____
Brothers	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____

Your Childhood:

Were your parents ever separated or divorced? Yes No

How old were you at the time? _____ With whom did you stay? _____

Did you ever live with anyone other than your parents while a child? Yes No

If yes, with whom? _____ How old were you? _____

Did you ever serve in the military? Yes No If yes, please describe (service, dates, combat):

As a child or adult, have you ever been the victim of any form of trauma? Yes No Unsure

If yes, please describe, including dates: _____

Please describe any current or past legal problems that you have encountered?

Are you currently in litigation? Yes No

Are you currently in the process of applying for disability? Yes No

Comments (Please provide any further information about yourself which may be helpful):
