Dr. Peter Taylor

Psychotherapy, Consultation, & Training
in New York City & Westchester

www.drpetertaylor.com

CONFIDENTIAL CLIENT INFORMATION

Please answer the following questions as completely as possible.
Be sure to bring to my attention any question that causes you concern
or that you would like to discuss in person rather than putting in writing.

Name: _____ Date: _____

Home address: _____

_____

Email address: _____

Home phone: ( ) _____ May I leave messages there? ☐ yes ☐ no

Work phone: ( ) _____ May I leave messages there? ☐ yes ☐ no

Cell phone: ( ) _____ May I leave messages there? ☐ yes ☐ no

Age: _____ Date of birth: ____ / ____ / ____ Place of birth: _____

Reason for Therapy: _____

(briefly describe _____

your reasons for _____

seeking therapy) _____

_____

_____

Employment status: ☐ Full time ☐ Part time ☐ Not employed

Occupation: _____ Employer: _____

Highest educational degree obtained: _____ Field of study: _____

If currently a student: Year/class: _____ School: _____

Relationship status: ☐ Single ☐ Partnered/married ☐ Coupled but not living together
☐ Separated ☐ Divorced ☐ Widowed/bereaved

Significant other: Name: _____ Age: _____ Occupation: _____

Current living situation (for example, alone, with partner, with roommates, with family or extended family):

_____

Previous relationships you consider significant: _____

_____

Children: Name: _____ Age: _____ ☐ Male ☐ Female
Name: _____ Age: _____ ☐ Male ☐ Female
Name: _____ Age: _____ ☐ Male ☐ Female
Name: _____ Age: _____ ☐ Male ☐ Female
Name: _____ Age: _____ ☐ Male ☐ Female

Parents: Name: _____ Age: _____ Occupation: _____
Name: _____ Age: _____ Occupation: _____
Were you adopted? ☐ yes ☐ no
Were you raised by: ☐ both parents ☐ mother ☐ father ☐ other: _____
Are your parents still alive and married? Give details: _____
_____

Siblings: Name: _____ Age: _____ Occupation: _____
(in birth order) Name: _____ Age: _____ Occupation: _____
Name: _____ Age: _____ Occupation: _____
Name: _____ Age: _____ Occupation: _____
Name: _____ Age: _____ Occupation: _____

In your family or your own history, have there been any of the following?

- ☐ alcoholism or substance abuse
- ☐ mental illness
- ☐ physical abuse
- ☐ sexual inappropriateness
- ☐ economic hardship
- ☐ medical illness or surgeries
- ☐ accidents
- ☐ repeated losses
- ☐ bullying or other harassment
- ☐ other overwhelming circumstances that affected how you grew up, or how you function now?

We can discuss these issues in person, or you may note them here, in a few words, for us to come back to if and when you would like us to work with them:

_____

_____

_____

Medical conditions: _____
(please list all known _____
medical conditions) _____

Medications: _____
(please list current _____
medications) _____

Personal physician: Name: _____ Phone: _____

May I speak with your physician if necessary? ☐ yes ☐ no

Psychiatrist or psychopharmacologist (if you have one):

Name: _____ Phone: _____

May I speak with your psychiatrist or psychopharmacologist? ☐ yes ☐ no

Have you had previous individual or group psychotherapy or counseling? ☐ yes ☐ no

Clinician's name: _____ Degree or license: _____ Sessions from _____ to _____.

Have you ever been hospitalized for substance abuse, alcoholism, eating disorders, or other psychiatric disorders? ☐ yes ☐ no Details: _____

How did you hear about me? ☐ Internet/website: Which one? _____

☐ Referred by _____

May I acknowledge to that person or organization that we've met? ☐ yes ☐ no

Emergency contacts: Name: _____ Relationship: _____ Phone: _____

Confidentiality statement

What you have disclosed to me on this form, and what we discuss in therapy, are confidential matters. This means that what you say will not be talked about with anyone else. There are certain exceptions to this, which are discussed at greater length in the Psychotherapist-Patient Services Agreement. They are: 1) if you are in danger to yourself (i.e., suicidal); 2) if you are a danger to others; 3) if you disclose the identity of a minor who has ever been abused physically, sexually, or mentally; 4) if you are involved in a legal matter and I am required to comply with the demands of the court; or 5) when I consult with colleagues about my work in order to assure my clients the best possible care. The first four situations are extremely rare. The fifth is more common, but be assured that during such consultations, I make every effort to avoid revealing the identity of clients, and the colleagues with whom I may consult are also legally bound to keep the information confidential.

Your agreement

If you are comfortable signing the following statement, please do so. If you have any questions or concerns about it, we will want to address them during our initial meeting.

I, _____, agree to be responsible for professional fees incurred during the course of psychotherapy with Dr. Taylor, which includes fees for all individual appointments (unless canceled 24 hours in advance) and for all scheduled group sessions. I will make payment at the time of the appointment unless an alternative agreement has been made. If I seek insurance reimbursement for services, I may ask Dr. Taylor to furnish any additional information required to process my claim, but I understand that payment for services is my responsibility and separate from any reimbursement I may receive from my insurance company

Name: _____ Signature: _____ Date: _____