



Private Code # _____

Today's Date _____

NEW CLIENT QUESTIONNAIRE

Please **PRINT** or **TYPE**

The information you provide is strictly confidential and will not be released without your written consent. Please fill out as much as you feel comfortable doing. Our feedback to you is as good as the information you provide.

1. How did you hear about us? _____

2. First Name _____ 3. Last Name _____

4. Your Address: _____

5. Apt./Suite/Room/etc. _____

6. City/Town: _____ 7. State: _____ 8. Zip Code: _____

9. Country: _____ 10. "Country Code" for international telephone calls: _____

Phone: 11. Work () _____ 12. Home () _____

13. Cell () _____ 14. Pager () _____

15. E-mail Address: _____

16. Date of birth: ____/____/____ 17. Current Age: _____ 18. Place of birth: _____

19. Social Security number: _____

20. Gender: [] Male, [] Female 21. Nationality: [] U.S., [] Other (specify): _____

22. Race: [] Caucasian, [] African American, [] Hispanic, [] Asian, [] Other: _____

23. Marital status: [] Single, Never Married, [] Married, [] Separated, [] Divorced, [] Widowed

24. Current living situation: [] alone, [] with spouse/mate, [] with parents, [] with siblings,
[] Other: _____

25. In what religion were you raised: [] None, [] Protestant, [] Catholic, [] Jewish, [] Muslim, [] Hindu,
[] Buddhist, [] Other (specify) _____

26. Ethnic background of your mother's family: _____

27. Ethnic background of your father's family: _____

EMERGENCY CONTACT

28. Name: _____ 29. Relationship to you: _____

30. Daytime phone: () _____ 31. Evening phone: () _____

PLEASE FAX COMPLETED FORM TO (310) 388-5548.



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NEW CLIENT QUESTIONNAIRE (Continued)

Please **PRINT** or **TYPE**

32. Your Primary Care Physician: _____ 33. Phone number: () _____

34. Your Current Occupation: _____ 35. Position: _____

36. Employer: _____ 37. How long at this job? _____

38. Level of satisfaction with your job: [] excellent, [] good, [] fair, [] poor

YOUR EDUCATION & TRAINING

	School or Facility	Dates Attended	Degree	Major Area of Study
39.				
40.				
41.				

YOUR CHILDREN (if any)

	Name	Age	School Grade Occupation	Resides where, with whom?	History of Behavior Problems	History of Alcohol/Drug Problems
42.						
43.						
44.						
45.						

YOUR FAMILY

	Relative	Name	Age	Occupation	History of Alcohol/Drug Abuse	History of Mental Illness	If deceased- Year/Cause/Age
46.	Father						
47.	Mother						
48.	Sibling						
49.	Sibling						
50.	Sibling						

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