Emily Pimpinella, Psy.D.
Clinical Psychologist

Today's Date: _____

Identifying Information

Legal Name: _____

Chosen Name (if different than Legal Name): _____

Address: _____

_____

Primary Phone #: _____ May I leave a message? ☐Yes ☐ No

Secondary Phone #: _____ May I leave a message? ☐ Yes ☐ No

Demographic Information

Date of Birth: _____ Age: _____ Race/Ethnicity: _____

Sex Assigned at Birth: _____ Current Pronouns Used: _____

Current Gender Identity (optional): _____ Sexual Orientation (optional): _____

Relationship Status: _____ Religious/Spiritual Affiliation (optional): _____

Employment Information

Occupation: _____ Employer Name: _____

Medical Information

Primary Care Physician (PCP) Name: _____

PCP Address: _____

PCP Phone Number: _____

Medications (including over the counter vitamins):

Name:	Dosage:	Reason:	Prescribed by

213 North Aurora Street
Ithaca, NY 14850

Phone: 607-273-1083
Fax: 607-273-1183

Current Medical Concerns/Diagnoses: _____

_____

Emergency Contact Information

1. Name of Emergency Contact: _____

   Emergency Contact Phone #: _____

   Relation to you: _____

2. My signature indicates my permission to contact my identified emergency contact and to disclose relevant information in the case of an emergency: Signature:_____ Date:_____

***Family Information*:** List all members of your family including partner, children, parents, siblings, step relatives, etc.

Name	Relationship	Age	Occupation or Academic Status

Therapy/Counseling Information

Is this your first experience with therapy/counseling? ☐ Yes ☐ No

Prior Counseling/Treatment:

Therapist:	**Reason:**	**Dates:**

Please briefly tell me about what brings you into therapy/counseling and what you hope to gain from this experience.

_____

_____