

**Tampa Psychology**  
**Brian Nussbaum, Psy.D.**  
**27356 Cashford Circle #101**  
**Wesley Chapel, FL 33544**  
**(813) 545-7754**

CLIENT INFORMATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Okay to leave messages (for scheduling)? Y N

Occupation: \_\_\_\_\_ Marital/Relationship Status: \_\_\_\_\_

Household Make-Up (please include adult children and children not living with you):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous therapy? \_\_\_ Y \_\_\_ N If so, when & with whom? \_\_\_\_\_

For what issue(s) did you go to get help? \_\_\_\_\_

Please answer the following questions as openly as possible:

•What concerns bring you to therapy at this time? \_\_\_\_\_

•When did these problems begin? \_\_\_\_\_

•What have you been doing to cope with these problems? How successful has this been? \_\_\_\_\_

•What do you hope to accomplish in therapy? \_\_\_\_\_

•Please list all drugs (including medications) and alcohol you currently use, average amount per use, and frequency:

\_\_\_\_\_

•Please list any drugs you have recently stopped taking, and when: \_\_\_\_\_

•Any health concerns? \_\_\_\_\_

•Any current or anticipated legal problems? \_\_\_\_\_

•Any past or present suicidal thoughts or feelings? (Please describe) \_\_\_\_\_

\_\_\_\_\_

•Any history of substance abuse by you or another family member? \_\_\_\_\_

•Any history of psychiatric hospitalizations? \_\_\_\_\_

•Any history of experiencing physical abuse, sexual abuse, or sexual assault? \_\_\_\_\_

•Any history of head injuries or other noteworthy injuries? \_\_\_\_\_

•Any eating concerns or problems with sleep? \_\_\_\_\_

•Additional concerns? \_\_\_\_\_

\_\_\_\_\_

Who referred you? \_\_\_\_\_

Emergency Contact Information:

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

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