

PERSONAL INFORMATION FORM

Arcadia Psychology

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602-621-0468

Name _____

Date _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ May I leave a message? Yes No

Name of Insured _____ Birthdate of Insured _____

Social Security Number of Insured _____ Social security Number _____

Date of Birth _____ Insurance authorization if needed _____

Preferred Pronoun: He She They/Them Emergency Contact Name & phone # _____

Email address: _____

Relationship Status: Single Married Partnered Separated Divorced Widowed
 Committed Other

Living Arrangements: Alone Spouse/Partner Parents Roommates

How do you describe your relationships? _____

Employment: Full-time Part-time Student Homemaker Retired Volunteer

What is your occupation or field of study? _____ Employer _____

Length of time? _____ months/ years Highest Education completed? _____

What are your strengths? _____

Do you have family members with emotional, psychological or substance use problems? Yes No

Please explain if yes: _____

Name of PCP _____ Date of last physical _____

Do you have a medical condition? _____ Medications _____

Please list your current symptoms: _____

Circle the areas where you are currently experiencing difficulties:

Work School Family Finances Relationship Alcohol Drugs
Legal Issues Health

Past Abuse Current Abuse Unhealthy Relationships Rape Children Worry
Sadness Anger

Eating Sleep Crying Mood Swings Stress Panic Attacks
Recurring thoughts Sexual Concerns

Do you have thoughts of Killing/harming yourself? Yes No Please explain _____

Have you attempted suicide in the past? Yes No How many times? _____

Have you any thoughts of killing/harming someone else? Yes No

Have you ever physically harmed anyone? Yes No

Have you had previous therapy? Yes No Was it helpful? _____

Have you been hospitalized in a psychiatric facility? Yes No When _____

Do you drink alcohol? Yes No

Do you use recreational drugs? Yes No

Are you in pain? Yes No

Do you have chronic pain? Yes No Please explain _____

What two words best describe your Mother? _____

Your Father _____

Are you involved in the legal system? Yes No

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