

Brian Zercher, Psy.D.  
PRA Behavioral L.L.C.

## ADULT NEW PATIENT QUESTIONNAIRE

Please fill out the following questionnaire to the best of your ability.

### PATIENT IDENTIFICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex(m/f): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

Who Referred you to Dr. Zercher or PRA? \_\_\_\_\_

Would you like us to have contact with any outside professionals? If yes, who? (Please note a release of Information will need to be completed and signed.) \_\_\_\_\_

### PURPOSE OF YOUR VISIT

**Main Problems to be Addressed** (please list or give a brief summary)

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**Why Did You Seek an Evaluation or Help at This Time?**

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**Prior Psychological Therapy/Counseling or Methods to Manage the Problems?** (Please include contact with other professionals, medications, types of treatments, etc.)

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### MEDICAL HISTORY

**Current medical problems/medications:**

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**Past medical problems/medications:**

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**MEDICAL HISTORY (continued)**

**Please list any food or environmental allergies or sensitivities:**

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**Please list history of cigarette smoking, alcohol use, recreational drug use:**

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**Please list doctors you see regularly each year:**

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**Any history of head trauma, seizures, seizure-like activity, "spaciness", or confusion?:**

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**Any history of surgery?:**

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**Any history of accidents resulting in broken bones, lacerations, severe bruises?:**

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**Medical Hospitalizations (Place, cause, date, and outcome):**

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**Present Height: \_\_\_\_\_ Present Weight: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_**

**FAMILY AND FAMILY HISTORY**

**FAMILY COMPOSITION**

**Siblings** (names, ages, biological relationship, closeness, conflicts)

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**Childhood Atmosphere** (family position, important family details) \_\_\_\_\_

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**Family History** (Please list significant events concerning parents, grandparents or siblings)

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**FAMILY HISTORY**

**Mother's History:**

What is the current state of your relationship with your mother? (biological, adoptive, step, etc.)

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Does she have a history of significant medical, neurological, or psychological problems?: \_\_\_\_\_

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**Father's History:**

What is the current state of your relationship with your father? (biological, adoptive, step, etc.)

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Does he have a history of significant medical, neurological, or psychological problems? \_\_\_\_\_

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**Extended Family History**

Please list any of your blood relatives (siblings, grandparents, extended family members) with inheritable physical illnesses, or mental health problems including Depression, anxiety, suicide attempts, hospitalizations, psychosis, or alcohol or drug problems \_\_\_\_\_

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**CURRENT RELATIONSHIPS**

**Close Family and Friends** Please list people with whom you currently are closest with (include contact frequency, influence, any recent changes/losses) \_\_\_\_\_

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**Current Marital/Relationship Satisfaction** \_\_\_\_\_

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**Current Life Stresses** (Please list current factors that are a source of stress in the family including financial concerns, marital difficulties, illness, job changes, moves, deaths of pets, etc.)

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**ADDITIONAL INFORMATION**

**Is there anything else important for the therapist to know?** \_\_\_\_\_

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**What are Your Overall Strengths?**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reviewed:

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Brian Zercher, Psy.D.

\_\_\_\_\_  
Date