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**PSY 6165**

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Personal Data Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ For how long? \_\_\_\_\_

Highest grade completed in school: \_\_\_\_\_

College/Additional training: \_\_\_\_\_

Marital Status (circle): Single Married Separated Widowed Divorced

Number of marriages: \_\_\_\_\_ Children: (Names and Ages): \_\_\_\_\_

Religious preference: \_\_\_\_\_

Reason for seeking psychological counseling at this time: \_\_\_\_\_

Have any of your blood relatives ever suffered from excessive drinking or drug use, a mental disorder, nervous breakdown, emotional upset, extreme nervousness, or marked sadness? If so, who?

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship to you</u>	<u>Problem</u>
_____				
_____				
_____				
_____				

Have you ever been treated for any psychological problems before? \_\_\_\_\_ When? \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Do you have any medical conditions? \_\_\_\_ Please describe: \_\_\_\_\_

\_\_\_\_\_

Please list any medications you are taking: \_\_\_\_\_

\_\_\_\_\_

Have you ever tried to harm yourself? \_\_\_\_ When? \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

How often do you drink alcohol? Circle: Occasionally    A few times per week    Daily

Do you smoke? \_\_\_\_\_ Cigarettes per day: \_\_\_\_\_ Do you use recreational drugs? \_\_\_\_\_

Which drugs? \_\_\_\_\_ How often? \_\_\_\_\_

What seems to help your problems? \_\_\_\_\_

\_\_\_\_\_

What do you consider to be your strengths as a person? \_\_\_\_\_

\_\_\_\_\_

How about your weaknesses? \_\_\_\_\_

\_\_\_\_\_

Are there any situations that upset you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_