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New Patient Application Form

Thank you for taking the time to fill out this application for treatment. Beginning psychotherapy is a big step and we would like to make the process as comfortable as possible.

First Name

Middle Name

First Name

Home Address

City

State

Zipcode

Home Phone

Work Phone

Email Address

It is okay to call me at home

It is okay to call me at work

Emergency Contact Name

Emergency Contact Phone

Date of Birth

Age at last birthday

Gender

Please Specify if Other

How would you identify your sexual orientation?

Please Specify if Other

Ethnicity

Please Specify if Other

Highest level of education completed

Graduate training (Masters or Doctorate)

College (Received Four-year Academic Degree)

High School/Trade School Degree

Eighth Grade

Are you currently attending school? *(If yes, specify school/major)*

Are you currently Employed? *(If other, specify school/major)*

Relationship Status *(If other, specify school/major)*

How many people are living in your household? Include spouse, partner, parents, siblings, children, and roommates.

Relationship

Age

Relationship

Age

Relationship

Age

Relationship

Age

Relationship

Age

Relationship

Age

My relationships with family members (Check One)

Provide extensive emotional support

Provide an average amount of emotional support with occasional conflict

Do not provide emotional support

No contact with family

Provide less than adequate emotional support with frequent conflict

My relationships with friends (Check One)

Provide extensive emotional support

Provide an average amount of emotional support with occasional conflict

Do not provide emotional support

No friends

Please describe any medical or emotional problems of your parents or siblings

Please check all the reasons you are seeking psychotherapy

Anxiety

Bereavement

Confusion about self-image, goals, etc.

Concerns about abuse

Aftermath of a trauma

Planning the future

Depression

Decreased performance at work, home, or school

Relationship problems

Memory problems

Health status of family/close friend

Health status of myself

Anorexia/Bulimia/Overeating

Concerns about substance use/abuse for Self:

Concerns about substance use/abuse for Other:

(Please Specify)

Have you been in psychotherapy previously?

No Yes, once Yes, more than once

If yes, when were you most recently in psychotherapy?

Within the last 6 months 6-12 months 12-24 months Over 2 years ago

Why did you stop therapy?

What was the longest time you spent in any one psychotherapy?

Are you taking any medication?

If Yes, please specify medications and dosage

Have you ever been hospitalized for emotional or mental problems?

If Yes (please specify number of hospitalizations)

If yes, when was your most recent psychiatric hospitalization?

Within the last 6 months 6-12 months 12-24 months Over 2 years ago

Have you ever had suicidal thoughts?

Never Sometimes Frequently

Have you ever made a suicide attempt?

If Yes (please specify number of attempts):

If yes, when was your last suicide attempt?

Within the last 6 months 6-12 months 12-24 months Over 2 years ago

Are you currently using non-prescription drugs?

Have you used non-prescription drugs in the last year?

If you answered "yes" to #27 or #28, please specify which drugs with what frequency:

Do you drink alcohol?

If yes, please specify amount:

Frequency/week

Do you ever wonder if you have a problem with drugs or alcohol?

Have you ever been treated for a drug or alcohol problem?

If Yes, please specify program and date

Do you currently smoke cigarettes?

If Yes, please specify packs per day)

Do you binge on food, purge, or use laxatives?

If Yes, specify which one and frequency)

Are you now in a 12-step program? (e.g., A.A., N.A., O.A., S.A., S.I.A.)

If Yes, specify program

Have you ever been in a 12-step program? (e.g., A.A., N.A., O.A., S.A., S.I.A.)

If Yes, specify program/date

Thinking about different aspects of your life--your work, your health, what goes on at home, how you spend free time-- please rate how satisfied you are with the quality of your life within the last month. (1= completely satisfied; 10= completely dissatisfied)

Please rate your current level of stress (1-10). Please describe

Please describe:

I look forward to the future with hope and enthusiasm

Would you say your current physical health is

Would you say your physical health throughout your life has been

Present or past disabilities or serious illnesses? *If yes, please specify with age on onset*

Medical problems that required surgery or serious accidents? *If yes, please specify with dates*

Have you ever been arrested? *If yes, please explain*

Do you own a weapon? *If yes, please explain*

In general, how would you describe your ability to control your anger: (Check One)

Very good

Okay (Worry about it sometimes)

Not well (smash, break objects)

Problematic (Have hit people)

Please explain

Has there ever been a period of time when you were not your usual self and ...

... you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?

... you were so irritable that you shouted at people or started fights or arguments?

... you got much less sleep than usual and found you didn't really miss it?

... thoughts raced through you head or you couldn't slow your mind down?

... you were so easily distracted by things around you that you had trouble concentrating or staying on track?

... you were so easily distracted by things around you that you had trouble concentrating or staying on track?

... you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?

... spending money got you or your family into trouble?

Please state in detail what your present difficulties are, how long they have existed, and your reasons for seeking treatment at this time. Use as much space as you need.

PLEASE PRINT THIS FORM AFTER YOU FILL IT OUT. PLEASE BRING THE COMPLETED FORM TO THE APPOINTMENT. DO NOT CLOSE THIS COMPUTER WINDOW UNTIL YOU HAVE SUCCESSFULLY PRINTED THE FORM. THIS FORM CANNOT BE SUBMITTED ONLINE.

Thank you and we look forward to meeting you in person.