**K. Benjamin Knipe, Psy.D.**Licensed Psychologist 25758
(510) 460-8571

3120 Telegraph Ave, Suite 2A, Berkeley, CA 94705  $dr.benjaminknipe@gmail.com \bullet anxietyreliefandreferral.com$ 

# **Client Information**

Please fill out all sections and items of this form. If an item does not apply to you, please write N/A. If you need additional space, please use the other sides of these pages or attach additional sheets.

Name:		
First	Middle	Last
Preferred Name or Nickname:		
Date of Birth:	Gender:	
Racial/Ethnic Identification:		
Religious/Spiritual Affiliation:		
Other ways you identify yourself:		
Phone:Preferred/Primary		
Preferred/Primary	Secondary	
Address:Street		
Street	City, State, Zip code	
Emergency Contact:		
Name	Phone Number	Relationship to you
Relationship Status:		
Employment Status:		
Primary Care Doctor:		
Name	Phone Number	
How did you hear about me?		
Is there anyone whom I may thank f		

K. Benjamin Knipe, Psy.D. Licensed Psychologist 25758 (510) 460-8571 3120 Telegraph Ave, Suite 2A, Berkeley, CA 94705 dr.benjaminknipe@gmail.com • anxietyreliefandreferral.com

# **Client Information Questionnaire**

If you are in a relationship, please describe the nature of the relationship and months or years together.
Describe your current living situation. Do you live alone, with others, with family, etc?
What is your level of education? (highest grade/degree and type of degree)
What is your current occupation? What do you do? How long have you been doing it?
Do you have any medical issues or ongoing medical treatment? YES / NO (If yes, please explain)

K. Benjamin Knipe, Psy.D.
Licensed Psychologist 25758
(510) 460-8571
3120 Telegraph Ave, Suite 2A, Berkeley, CA 94705
dr.benjaminknipe@gmail.com • anxietyreliefandreferral.com

What leads you to seek help at this time? Is there something specific, such as a particular event? Please be as detailed as you can, and feel free to use the other side of this page.
What are your goals for working with me? What do you hope will change?
Have you ever been hospitalized for a psychiatric issue? YES / NO (If yes, please explain)
Is there a history of mental illness or substance abuse in your family? YES / NO (If yes, please explain)
Do you have thoughts or urges to harm others? YES / NO (If yes, please explain)

K. Benjamin Knipe, Psy.D. Licensed Psychologist 25758 (510) 460-8571

3120 Telegraph Ave, Suite 2A, Berkeley, CA 94705 dr.benjaminknipe@gmail.com • anxietyreliefandreferral.com

Have you ever attempted suicide? YES / NO (If yes, please explain)
Do you currently have suicidal thoughts? YES / NO (If yes, please explain including how recently these thoughts occurred and how often they occur)
Have you seen a mental health professional before? YES / NO (If yes, please explain)
List all medication and supplements you are currently taking and for what reason.
If you are taking prescription medication, please write the name of the doctor who prescribes the medication, and her/his phone number.

K. Benjamin Knipe, Psy.D.
Licensed Psychologist 25758
(510) 460-8571
3120 Telegraph Ave, Suite 2A, Berkeley, CA 94705
dr.benjaminknipe@gmail.com • anxietyreliefandreferral.com

Do you drink alcohol? YES / NO (If yes, please explain and include how often you drink alcohol and how much you drink)
Do you use recreational drugs? YES / NO (If yes, please explain and include what drug(s), how often you use, and how much you use)
Is there is anything else you would like me to know about you that would help us work together? If so, please use the space below to write any other important information.