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BIOGRAPHICAL INFORMATION – INTAKE FORM

Please fill out this biographical background form as completely as possible. It will help me in our work together. All information is confidential.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MALE/FEMALE: _____ SOCIAL SECURITY #: _____

TELEPHONE: H: _____ W: _____ CELL: _____

EMAIL: _____ MAY WE CALL YOU AT HOME?: _____

RESPONSIBLE PARTY: _____

HIGHEST GRADE: _____ TYPE: _____

PERSON AND PHONE # TO CALL IN AN EMERGENCY:

REFERRAL SOURCE:

NAME OF SCHOOL:

PRESENTING PROBLEM (PLEASE BE SPECIFIC; WHEN DID IT START AND HOW DID IT AFFECT YOU):

ESTIMATE THE SEVERITY OF THE ABOVE PROBLEM: MILD ____, MODERATE ____, SEVERE ____
VERY SEVERE, ____

WHAT TYPE OF STRESSES AND/OR PROBLEMS ARE YOU EXPERIENCING IN YOUR LIFE?

WHAT DO YOU WANT DIFFERENT IN YOUR LIFE? _____

ARE YOU HAVING ANY SCHOOL DIFFICULTIES? _____

HAVE YOU LOST ANY FAMILY MEMBERS OR FRIENDS IN THE PAST 2 YEARS? _____

ANY OTHER TRAUMAS EXPERIENCED THAT STILL AFFECT YOUR LIFE? _____

PARENTS/STEP-PARENT (NAME/AGES OR YEAR OF DEATH)

HOW DO THEY TREAT YOU, BRIEF STATEMENT OF THE RELATIONSHIP: _____

HOW WOULD YOU RATE YOUR RELATIONSHIP: 1-5 SCALE (1=DISTANT, 5=VERY CLOSE)

MOTHER: _____

FATHER: _____

STEP-PARENTS: _____

SIBLINGS: _____

MEDICAL DOCTOR (S) (NAME, PHONE NUMBER, ANY MEDICAL PROBLEMS OR TAKING ANY
MEDICATIONS): _____

SUICIDE ATTEMPT(S) OR SUICIDAL THINKING (REASONS, HOW IF ATTEMPTED): _____

ANY DEPRESSION AND/OR PROBLEMS IN YOUR FAMILY? _____

PAST/PRESENT PSYCHOTHERAPY (NAME OF THERAPIST, DATES, REASON FOR THERAPY):

IF PARENTS ARE DIVORCED: YOUR AGE AT THE TIME: _____. DESCRIBE HOW IT AFFECTED YOU
AT THE TIME: _____
