



Lorri A. Hilbert, Ph.D.

Office Phone: (858) 748-4253 | Email: lafh@lorrihilbertphd.com
San Diego Center For Well Being - 11858 Bernardo Plaza Court, Suite 220 | San Diego, CA 92128
Mission Valley Location - 2727 Camino Del Rio S, Suite 311 | San Diego, CA 92108

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.

ITEM	HUSBAND	WIFE
NAME		
STREET ADDRESS CITY, STATE, ZIP		
DATE OF BIRTH		
SOCIAL SECURITY #		
HOME PHONE: WORK PHONE: CELL PHONE: EMAIL:		

MAY WE CALL YOU AT HOME? _____

RESPONSIBLE PARTY: _____

HIGHEST GRADE/DEGREE: _____ TYPE: _____

PERSON AND PHONE # TO CALL IN AN EMERGENCY: _____

REFERRAL SOURCE: _____

OCCUPATION (FORMER IF RETIRED):

1. _____ 2. _____

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 DO YOU HAVE IN YOUR RELATIONSHIP? _____

MARITAL STATUS: _____, LIVE WITH SOMEONE: _____ LIVE SEPARATELY: _____

HOW LONG HAVE YOU BEEN MARRIED OR BEEN TOGETHER? _____

HAVE EITHER OF YOU BEEN DIVORCED? _____

HOW LONG DID MARRIAGES LAST? _____

CHILDREN/STEP/GRAND (NAME, AGE, PLEASE STATE WHOSE CHILDREN).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

MEDICAL DOCTOR (S) (NAME, PHONE NUMBER): _____

PAST/PRESENT MEDICAL CONDITION: _____

PLEASE SPECIFY ALL MEDICATIONS YOU ARE PRESENTLY TAKING AND FOR WHAT REASON:

CURRENT USE/ABUSE/TREATMENTS

SUBSTANCE	FREQUENCY	AMOUNT
ALCOHOL		
TOBACCO		
CAFFEINE		
MARIJUANA		
OTHER		

PAST USE/ABUSE/TREATMENTS

SUBSTANCE	FREQUENCY	AMOUNT
ALCOHOL		
TOBACCO		
CAFFEINE		
MARIJUANA		
OTHER		

SUICIDE ATTEMPT(S) (WHO, HOW OLD): _____

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

1. _____
2. _____

FAMILY HISTORY (DEPRESSION, SUBSTANCE ABUSE, VIOLENCE, SUICIDAL):

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

1. _____

2. _____

HAVE THERE BEEN ANY LOSSES AND/OR TRAUMAS YOU HAVE EXPERIENCED THAT STILL AFFECT YOUR LIFE? _____

ANY FAMILY RELATIONSHIPS THAT AFFECTS THE SUCCESS OF YOUR COUPLE RELATIONSHIP?

1. _____

2. _____