

JAMES M. CONTI, Ph.D., LLC

Licensed Psychologist

Licensed Marriage & Family Therapist, Certified E-Therapist, Certified Advanced Imago Relationship Therapist,
Certified Imago Workshop Presenter, Certified Gottman Therapist, Certified Advanced Alcohol & Drug Counselor,
Approved Consultant American Society Of Clinical Hypnosis

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR PATIENTS:

PATIENT NAME: _____

ADDRESS: _____

PHONE:(CELL) _____ (HOME) _____ (WORK) _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

GENDER: _____ PREFERRED PRONOUNS: _____

EMPLOYER: _____ JOB TITLE: _____ LENGTH EMPLOYED: _____

MEDICAL ISSUES: _____

CURRENT MEDICATIONS AND DOSAGE: _____

2ND PATIENT NAME: _____

ADDRESS: _____

PHONE:(CELL) _____ (HOME) _____ (WORK) _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

GENDER: _____ PREFERRED PRONOUNS: _____

EMPLOYER: _____ JOB TITLE: _____ LENGTH EMPLOYED: _____

MEDICAL ISSUES: _____

CURRENT MEDICATIONS AND DOSAGE: _____

INSURANCE COMPANY FOR MENTAL HEALTH COVERAGE: _____

NAME OF PERSON WHO IS THE PRIMARY INSURED: _____ DOB: _____

PRIMARY INSURED'S EMPLOYER: _____

EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP: _____

WHO REFERRED YOU TO US?: _____ MAY WE THANK THEM? YES NO

PREVIOUS COUNSELING/THERAPY? YES NO. IF YES, WHEN & REASON(S): _____

NAME OF PRIOR THERAPIST: _____

REASONS FOR COMING TODAY: _____
