

Romi Mann, Psy.D.  
Clinical Psychologist (PSY 25226)  
415.508.7664

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**Biographical Information**

Today's Date: \_\_\_/\_\_\_/\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_

Ethnic/Cultural Identity: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Current Relationship Status: \_\_\_\_\_

Current Living Situation:  live alone    with partner or spouse    with roommate(s)  
 with parents or other family members  
 other, specify: \_\_\_\_\_

Last school grade completed or highest degree earned: \_\_\_\_\_

Occupation: \_\_\_\_\_

Current Employment Status:  full-time    part-time    student    not employed outside the home  
 other, specify: \_\_\_\_\_

Current Employer, if applicable: \_\_\_\_\_

How long at present job, if applicable: \_\_\_\_\_

Income:  \$0 - \$29,999    \$ 30,000 – 49,999    \$50,000 - \$74,999  
 \$75,000 - \$99,999    \$100,000 - \$149,999    over \$150,000

Military service: \_\_\_\_\_

How long have you lived in this area? \_\_\_\_\_

How did you hear about my practice?

- Friend or acquaintance: \_\_\_\_\_
- Referring provider, if so, provider's name: \_\_\_\_\_
- Insurance panel directory
- Good Therapy
- Network Therapy
- Psychology Today
- Other therapy directory or website, if so, please list: \_\_\_\_\_
- Internet search (Google, Bing, Yahoo, etc.)
- Other, specify: \_\_\_\_\_

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**Health and Social History**

How would you describe your physical health?       Excellent     Good     Fair     Poor

	No	Yes	Details
Any significant medical problems, now or in the past?			
Any chronic or recurring medical conditions?			
Have you ever been hospitalized, medically?			
Have you ever been hospitalized for psychiatric reasons?			
Have you experienced any other significant medical issues (serious injuries, loss of consciousness, surgeries, etc.)?			
Are you currently taking any medication, including psychiatric medication?			
Have you taken psychiatric medications in the past?			
Do you currently consume alcohol and/or recreational drugs? If yes, list substance, frequency, and amount.			
Did you previously consume alcohol and/or recreational drugs? If yes, list substance, frequency, and amount.			
Do you have any previous suicide attempts, self-destructive, or violent behaviors?			
Have you ever been injured or hurt by someone who was physically or sexually abusive to you?			

**Physical and Mental Health Care**

Health Insurance Company (even if not using for therapy) \_\_\_\_\_

Do you have a primary care physician (or clinic)?  No  Yes

If yes (Name/Location/Phone Number):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever seen anyone for psychotherapy?  No  Yes

If yes, when and for how long?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under the care of a psychiatrist, psychologist, or therapist?  No  Yes

If yes (Name/Location/Phone Number):

\_\_\_\_\_  
\_\_\_\_\_

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**Family Information**

Please complete this chart as thoroughly as possible (add an extra sheet if more room is needed).

	First Name (only)	Age (or age & year of death)	Marital Status	Would you describe your relationship with this person as close, neutral, high conflict, distant, or other?	Does this person have or have they had a psychiatric illness, including substance or alcohol abuse?
Spouse or partner					
Children					
Father					
Mother					
Step parents					
Siblings					