

Jessica Purtan Harrell, Ph.D.

Licensed Clinical Psychologist

33493 W. 14 mile Rd. Suite 130 Farmington Hills, mi 48331

Phone: (248)767-5985 Fax: (248) 592-1378

Client Information and Background Form:

Date: _____

Name: Last: _____ First _____

Date of Birth: _____

Home Address: _____

Contact Information: Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

May I leave a message at these numbers and/or email address? Yes _____ No _____

If no, please indicate where I may leave a message _____

Referral source: _____

Demographic Information:

Marital Status: Single _____ Married _____ Divorced _____

Living Together _____ Widowed _____

Employment: Full-time _____ Part-time _____ Disabled _____ Homemaker _____

Employer: _____

Occupation: _____

Length of employment: _____

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Education:
(check highest)

High School: _____ GED: _____ Some College: _____

Trade: _____ Associates: _____ BA/BS: _____ Grad: _____

Are you a current student? _____ Full-time or part-time? _____

Please list all family members and persons living with you:

Name: _____ Age: _____ Relationship to you: _____

Name: _____ Age: _____ Relationship to you: _____

Name: _____ Age: _____ Relationship to you: _____

Name: _____ Age: _____ Relationship to you: _____

Name: _____ Age: _____ Relationship to you: _____

Medical History:

Current medical conditions: No _____ Yes (what/when) _____

Surgeries/Serious accidents: No _____ Yes (what/when) _____

Are you currently being treated by a psychiatrist? No _____ Yes _____ (see below)

Name of psychiatrist _____ Phone _____

Please list all medications you are currently taking:

Medication: _____ Dosage: _____

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Medication: _____ Dosage: _____

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Previous Psychological Treatment: None _____ Yes _____ (see below)

Outpatient therapy:

Therapist: _____ When: _____

Reason for treatment: _____

Therapist: _____ When: _____

Reason for treatment: _____

Inpatient therapy (including substance abuse):

Where: _____ When: _____

Reason for admission: _____

Family History of Psychiatric Illness and/or Substance Abuse:

Mother: _____ Father: _____

Siblings: _____ Other: _____

****Please explain your main concerns that brought you in today:***
