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## Client Information

Legal Name:

Name (if different from legal name):

Address:

City, State:

Zip:

Birth date:

Age:

Employer:

Salary (monthly or yearly):

Position:

Education:

Relationship Status:

Contact Information

Phone number:

Ok to leave text: Yes\_\_ No\_\_

Ok to leave voice mails: Yes\_\_ No\_\_

Email Address:

Preferred contact method:

Emergency Contact Name:

Emergency Contact Phone:

Have you had psychotherapy in the past? \_\_\_\_\_

If so, when? : \_\_\_\_\_

## Personal History

Please list numbers and ages of siblings:

Describe your culture and religion, if any:

**\*Are you at any risk of hurting yourself or others?**

\*If this is an emergency please call 911 or go to the nearest hospital! You may as well call a crisis or warm line (StarVista's 24/7 hotline 650-579-0350; 24/7 California Peer Run Warm Line: 855-845-7415)

Highest grade/degree completed/Years of Education:

How would you describe your current job satisfaction?

How would you describe your current social satisfaction? (Are you happy with your group of friends?):

What is your living situation?

Do you have any legal problems?

Have you ever experienced any traumatic/overwhelming event in your life (i.e. sudden loss, accident, abuse, etc):

List any hobbies, sports, travel, community involvement, and special talents:

**Health Information**

Are you currently under the care of a physician? Yes\_\_\_\_\_ No\_\_\_\_\_ Physician's name:

Have you ever been hospitalized for health reasons? (If yes, please provide details): Do you have any illnesses or injuries?

Are you currently taking any medications?

Do you have any other sort of ongoing health condition?

What is your HIV status?

## **Alcohol and Drug Information**

Please indicate which of these substances you currently use (please list approximate amount and how often):

Cigarettes

Alcohol

Caffeine

Pills not prescribed for me

Marijuana

Cocaine or crack

Ecstasy

Hallucinogens

Other (please list):

## **Mental Health History**

Have you ever been hospitalized for mental health concerns (if yes, please describe)?

Are you taking any psychotropic medications? Yes\_\_\_\_\_ No\_\_\_\_\_

Current Medications (name and dosage)

## **RELATIONSHIPS**

Which is your relationship status?

How would you describe your relationship satisfaction?

Are there any other current relationships that are a significant focus in your life right now?

Please describe:

## **Family History**

Do you have a history of mental illness in your family (If so, please

describe): Please list any family alcohol or drug history:

How would you describe your relationship with your family?

**Other**

What do you consider your main strengths?  
What are your primary challenges right now?

Please add any additional information that may be helpful to our work together.

Please add any other important information:

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_