

STEPHEN J. CUMMINGS, PH.D.  
LICENSED CLINICAL PSYCHOLOGIST

Client(s): \_\_\_\_\_ SS # - - Birthdate:  
\_\_\_\_\_ SS # - - Birthdate:

Immediate Family Members: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Highest Education Level : \_\_\_\_\_

Name of Physician(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

What significant medical problems have you had?

Have you been prescribed mood-altering medications? If so, which ones?

Please mention any legal involvements:

Annual Income: \$

If you have had counseling in the past, please describe what it was like:

Have you used any illicit substances to affect your mood? If so, please list them and their effects:

What are your main interests and hobbies?

Who is the insured party? \_\_\_\_\_ Group # \_\_\_\_\_ ID#  
Insurance Company: \_\_\_\_\_ Phone: ( ): \_\_\_\_\_ Co-Payment = \$

Claims Address: \_\_\_\_\_